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BOROUGH OF POOLE



Annual Report

FOR 1930

ON THE

Health and Sanitary Circumstances of the Borough

BY

R. J. MAULE HORNE,

M.A., M.B., Ch.B., B.Sc., D.P.H.

MEDICAL OFFICER OF HEALTH

SCHOOL MEDICAL OFFICER

PORT MEDICAL OFFICER

ETC.



Borough and County of Town of Poole



ANNUAL REPORT

For the Year 1930

ON THE

HEALTH AND SANITARY
CIRCUMSTANCES OF THE
BOROUGH & PORT OF POOLE

AND OF THE

SCHOOL MEDICAL SERVICE
OF THE BOROUGH

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R. J. MAULE HORNE,

M.A., (Hons), M.B., Ch.B., B.Sc., D.P.H.

Medical Officer of Health School Medical Officer
Port Medical Officer

Medical Superintendent, Borough Isolation Hospitals
Medical Officer for Maternity and Child Welfare
Director, Public Health Laboratories.

PART I ... PUBLIC HEALTH.
PART II ... PORT SANITATION.
PART III ... MATERNITY AND CHILD WELFARE.
PART IV ... SCHOOL MEDICAL SERVICE.

PART I.



Public Health.

PUBLIC HEALTH COMMITTEE, 1930.

THE WORSHIPFUL THE MAYOR :
COUNCILLOR C. GREY-EDWARDS.

Chairman :

ALDERMAN J. C. W. JULYAN, J.P.

Vice-Chairman :

COUNCILLOR C. GREY-EDWARDS.

Aldermen :

F. J. BACON, J.P.

H. S. CARTER, J.P.

A. SHUTLER.

Councillors :

G. S. BROWN,

MISS C. H. J. PATERSON, J.P.

W. G. FRY

F. C. REEVES

D. A. HAYNES

H. Y. SALKELD, D.S.O.

W. G. HECKFORD

W. J. STICKLAND

R. H. MILLEDGE

A. W. WELFORD

F. W. OSTLER

M. J. WHEATLEY, C.B.E.

PUBLIC HEALTH DEPARTMENT.

STAFF :

Medical Officer of Health ...	§R. J. MAULE HORNE, M.A. (Hons.), M.B., Ch.B., B.Sc., D.P.H.
Assistant Medical Officer of Health	†G. CHESNEY, M.B., Ch.B., B.A.O., D.P.H., Cert.T.M. & H.
Sanitary Inspectors	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">}</div> <div> POOLE §P. W. WHEELER, Cert.R.S.I., M.S.I.A. BRANKSOME §C. A. TRIM, Cert.R.S.I., M.S.I.A. LONGFLEET §J. POWER, Cert.R.S.I., M.S.I.A. PARKSTONE †A. E. HOLLOX (appointed December, 1930) </div> </div>
and Inspectors under Diseases of Animals Acts	
Matron, Borough Isolation Hospitals	
Health Visitors and School Nurses	
	MISS A. BROWN, S.R.N.
	*MISS A. L. HOOPER, C.M.B., A.R.S.I.
	*†MISS L. B. LEVER, C.M.B., R.F.N., S.R.N. (appointed Dec., 1930)
	*MISS C. C. MOUNT-BATTEN, C.M.B., S.R.N.
	*MRS. H. I. PARTRIDGE, C.M.B., Cert. R.S.I.
	*MISS B. A. SYDENHAM, Cert. Nurse
Chief Clerk ...	*F. B. EDWARDS
Clerks ...	MISS I. E. TAPPER
	*MISS I. D. MAYNARD
	J. H. PLAYER
Laboratory Assistant ...	D. W. ROGERS
Sanitary Inspectors' Assistants	C. A. WARREN (retired September, 1930)
	J. BLUNDEN
	†V. B. JENKINS
	A. R. TARRANT (appointed Sept., 1930)

CONSULTANT AND PART-TIME SPECIALISTS.

OBSTETRICAL CONSULTANT ...	†S. GORDON LUKER, M.A., M.D., B.Ch. (Cantab), M.R.C.P. (Lond.) F.R.C.S. (Ed.)
Ophthalmic Surgeon ...	ALEX STABLES, M.B., C.M.
Nose and Throat Surgeon ...	C. SALKELD, B.A. (Lond.), M.B., B.S. (Durham)
Radiologist ...	D. D. MALPAS, M.R.C.S., L.R.C.P.
Anaesthetist ...	J. C. A. NORMAN, M.R.C.S., L.R.C.P.
Dental Surgeons ...	L. B. MYERS, L.D.S., M.B.E., R. G. S. HOLMES, L.D.S.
Public Analysts ...	C. G. MOOR, M.A., F.I.C. W. PARTRIDGE, F.I.C.
Veterinary Surgeon ...	J. S. WOOD, M.R.C.V.S.

NOTE : † Increases to staff during the past five years.

* Contributions to Salary by Exchequer.

§ Contributions to Salary by County Council.

PREFACE.

To the Mayor, Aldermen and Councillors,

I have the honour to present to you my Tenth Annual Report ~~to the Minister of Health~~ on the General Health and Sanitary Condition of the Borough.

The remarks made last year still hold good—that the Borough is passing through a critical stage in its progress. Municipal responsibilities which are the companions of this progress continue to develop, and not the least is the obligation to maintain a standard of Public Health and Hygiene worthy of a district to which Nature has already bequeathed a very valuable inheritance.

The Report for this year, 1930, having in mind that the Census figures will not be available as a statistical foundation, is on this account not a full quinquennial survey, as was that of 1925. A more effective comparison can be made by contrasting 1921 and 1931 when Census information has been collated.

In the meantime, the following points may be focussed:—

- (1) Housing proceeds with increased activity, 704 dwelling houses having been added during 1930 to 1929's increase of 589.*
- (2) This new housing, combined with other factors, implies an increase of population of about 3,150, making the approximate figure 57,000 at the end of the year.*
- (3) Over three miles of new water mains have been laid.*
- (4) The Infant Death Rate has risen above the low record established last year.*

I have again to thank the Chairman and Members of the Committees, the Heads of other Departments, and my entire staff, Office, Out-Door and Hospital, for their continued co-operation and support.

I am,

Your obedient Servant,

R. J. MAULE HORNE.

Poole, March, 1931.

GENERAL STATISTICS.

(1) *Area of Borough.* 7,964 acres ($12\frac{1}{2}$ square miles), not including 2,220 acres ($3\frac{1}{2}$ square miles) of tidal waters and foreshore.

(2). *Population :* (a) As at Census of 1/4/1921 43,649

(b) Estimated by Registrar

General as at 1/6/1930 ...

(c) Estimated to 31/12/1930 57,000

Total Number of Houses (as at Census, 1921) ... 9,400

Total Number of Inhabited Houses (as at Census, 1921) 9,044

Number of Houses completed between

1921 and 1925 ... 1,752

Number of Houses completed between

1926 and 1930 ... 2,810 4,562

Number of Families or Separate Occupiers (1921) 10,350

1925 1930

(3) *Rateable Value :* ... £249,053 £455,754

Sum represented by a Penny Rate : £982 £1,843

Rate Cost of Services :

	1929	1930
Infectious Hospitals	1.7d.	2.3d.
Prevention of Disease ... ..	.4d.	.4d.
Salaries ... ..	.5d.	.5d.
Sewerage and Sewage Disposal ...	10.3d.	6.4d.
Collection, etc., of Refuse	9.5d.	5.9d.
Public Baths and Washhouses ...	.2d.	.1d.
Parks and Open Spaces	4.5d.	3.8d.
Public Conveniences ... ..	.5d.	.3d.
Food and Drugs Acts ... ..	.1d.	.04d.
Building Inspection ... ..	.9d.	.5d.
Port Sanitary Service ... ..	.1d.	.1d.
Maternity and Child Welfare ...	.4d.	.3d.
School Medical Service	1.5d.	1.9d.

(1) *Area of Borough.* The Local Government Act of 1929 is leading to many changes of boundary generally throughout the country, especially where progressive municipalities have adjacent to them Rural Districts with "islands" of urban advancement, willing but handicapped from the point of view of up-to-date local administration.

For this Borough, there are prospects of considerable extension in acreage, carrying with it a relatively small increase in population.

The acreage and estimated population of the probable areas referred to are :—

	<i>Acreage.</i>	<i>Population (est.)</i>
Parish of Canford Magna, including Broadstone ...	7,855	5,000
Parish of Lytchett Minster ...	3,325	2,000
Parish of Corfe Mullen ...	3,231	1,500
Parish of Lytchett Matravers	3,413	750

This, however, is not directly a concern of the present year's Report, which therefore covers the same area as in 1925.

(2) *Population.* In the ten years prior to the Census of 1921, the population of the Borough increased by 4,764 inhabitants.

					<i>Houses completed.</i>
To the population of 1921, viz., 43,649, the Registrar General made changes as follows :—					170
In 1922	...	...	—	399	145
1923	...	...	+	610	227
1924	...	...	+	1290	519
1925	...	...	+	1000	621
1926	...	...	+	3000	574
1927	...	...	+	1880	499
1928	...	...	+	1910	514
1929	...	...	+	930	589
1930	(estimated)		+	2280	704
				<hr/>	
				+	13,299 12,501
Giving a population as at June, 1930 of (circa)					56,150
Between last Census (Official, 1921) and June, 1925, the increase was					2,501
Between June, 1925, and June, 1930 it was (circa)					10,000

A comparison of this estimated annual fluctuation in population with the housing activities as given over the same period is interesting.

It will be possible in the Report for 1931, with the information of the Census available, to compare the new distribution of the population by Wards, as affected by these building activities, which must obviously have had a powerful influence in evening out the community since 1921, when the state of density per acre was as follows :—

		<i>Ward.</i>	<i>Acreage.</i>	<i>Population at 1921</i>	<i>Density of Population per acre.</i>
No. 1	(Hamworthy and Poole Quay) ... 1,106				
„ 2	(Old Town, West) ... 68				
„ 3	(Old Town, East) ... 123				
„ 4	(Longfleet) ... 343				
„ 5	(Stanley Green, Oakdale Newtown) ... 2,053				
„ 6	(Parkstone, Lower) ... 1,403				
„ 7	(Parkstone, Higher) ... 529				
„ 8	(Branksome, North) ... 698				
„ 9	(Branksome, East) ... 1,641				

(3) *Rateable Value.* The marked increase in 5 years is affected to a considerable extent by the Reassessment carried out in 1929.

PHYSICAL FEATURES.

The Borough of Poole occupies the extreme South-East corner of the County of Dorset, and is the largest Town in the County. The extreme width from East to West is about 7 miles, and from North to South about 4 miles.

The plateau of Parkstone and Branksome behind the older parishes of Poole, Longfleet and Hamworthy, rises sharply at Constitution Hill and Newtown in the West, and continues East to Canford Cliffs, Branksome Park, and the Eastern boundary of the Borough, which is also the County Boundary between Dorset and Hampshire.

As to geological formation, the parish of St. James is situated in alluvium; that of Hamworthy on valley gravel, Bagshot beds and plateau gravel. Sandbanks is of blown sand. In Parkstone and Branksome, the geological stratum is mainly the Bagshot beds of sand, brick-earth, pipe-clay, and lignite, with many pockets of plateau gravel. The Reading beds, lying below the above-mentioned strata, separate them from the chalk, which, although it comes to the surface a few miles North of the town, does not outcrop within the Borough.

The extensive enclosed waters of the Harbour, sheltered themselves by the Purbeck Hills, exert a controlling influence on the temperature, rendering the surrounding areas cool in summer and tempering the cold in winter. Hence the Town escapes many of the damp sea mists to which the coast line is subject.

The dependability of its general climatic conditions is now being more fully recognised, and the Town is rapidly increasing in popularity as an all-the-year-round Health Resort, especially by people who have spent many years in tropical or sub-tropical countries.

An abundance of pine woods serves to maintain and to enhance the value of an equable climate, and to give the district a high claim as a recuperative centre for those liable to Bronchitis and Asthma.

The quite exceptional rate of development which has been a marked feature of the last ten years also unfortunately brings with it the threat of diminution of the pine-clad areas. It should therefore be the desire and the practice of every owner of ground in the Borough—and the Corporation itself is a land-owner—to see that no tree be sacrificed where this can reasonably be avoided, knowing that the Town will be for ever the poorer. The Hills and the Harbour may be said to defy time; but if Poole will maintain its pride, it must preserve its pines.

It is interesting to record that only about thirty years ago the first blades of rice grass (*Spartina Townsendii*), which now covers

some square miles of the Harbour, were found there. As a natural shore-binder this grass is of considerable value, and is being elsewhere used as an assistant in reclaiming low-lying foreshore land.

A small stream—the Bourne—rises in the northern part of the Borough, and flows out to sea through the ornamental gardens of Bournemouth. It is not polluted by sewerage, although in part of its course it is not far removed from dwelling-houses. It is in process of being culverted in part, and where left open its banks and proximity are receiving full artistic consideration under the Town Planning Scheme.

Another stream runs down through the Branksome Chine, arising from a spring in the centre of Branksome Park. This has now been transformed throughout its course into a fascinating park belt.

SUNSHINE AND RAIN.

For many years the value of a Health Resort has been largely gauged by its daily sunshine, as recorded by the sun's direct light on sensitized paper. Modern investigation, however, is upsetting old theories, and now a much more valuable estimate of the health-giving value of the sky over an area is obtained by recording the actual strength of the "ultra-violet" rays of the vault, as they reach the earth's surface. It is, in short, this "irradiation" of the earth which makes life possible, which gives the land its "green-coat," and which determines Nature's normal standards.

If we obstruct these ultra-violet rays in their passage towards the living body, the body suffers either by rickets, anaemia, or some other fault of "deficiency." Therefore, the less we allow these rays to be obstructed or filtered away by our surroundings, such as metal, wood, smoke, dust, glass, clouds, and other ray-dense substances, the more will we benefit physically.

It is estimated that, while industrial furnaces make soot to about $\frac{1}{2}$ per cent., domestic coal fires give off about 5 per cent. of the weight of coal burned, and that during fine weather a cubic centimetre of Town air contains 2,000 particles of extraneous matter. In other words, for every 1,000 tons of bituminous coal burned, over 6.5 tons of "grit" come down to earth again, 25 gallons of tar, and 67 gallons of acids.

In May, 1928, the Public Health Department of Poole commenced recording the "irradiation value" of the sky over the Town. In 1929, the average monthly strength in units was 4.67; in 1930 it was 3.06 units.

Fluctuations of temperature are also of importance to the seeker after health. In Poole, the mean Summer and Winter temperatures differed in 1929 by 11.8 degrees, and in 1930 by 12.2 degrees.

During 1930, the daily average *minimum* temperature readings were as under (Plateau level, 200ft. above mean sea level).

January	...	40.7	July	...	53.4
February	...	33.7	August	...	56.5
March	...	37.1	September	...	52.3
April	...	42.0	October	...	48.5
May	...	47.1	November	...	42.8
June	...	51.1	December	...	38.5

The average Rainfall for the Town is 31 inches. In 1929, measurable rain fell on 137 days, the total amount reaching the top of the plateau being 28.79 inches. In 1930, the total was 30.09 inches on 195 days. The seaward slopes of the Town receive from two to three inches more, the prevalent winds coming from South West.

LOCAL CONDITIONS, OCCUPATIONS AND INDUSTRIES.

There is no definitely industrial "Zone" in the Town, except inasmuch as trade seeks sea-borne or rail-borne facilities. The Pottery, Brick and Tile industries locate themselves where the appropriate natural material offers itself. A portion of the Borough still retains a semi-rural character, but building developments are rapidly changing the aspect.

Industrial employment is found chiefly in the Pottery, Brick, Earthenware and Tile manufacture, the engineering trades, building and associated trades, timber yards, fishing and dock labouring, Gas Works, etc. At the Branksome end of the Borough a considerable element of the residents find employment in the neighbouring County Borough of Bournemouth.

Unskilled labour—quayside and general—forms a larger percentage than is desirable. A low wage-earning capacity militates against an improved social standard—with consequent hardships in health and in disease.

UNEMPLOYMENT AND RELIEF.

Inasmuch as Poole is to some extent an industrial Town, as well as having the features of a Coast Resort, fluctuations in employment are of two kinds, the one periodic, dependent upon general industrial conditions, and the other seasonal, as is found in most Seaside and Health Resorts. From this it results that the minimum of unemployment is seen more often in the summer months.

For the five-year periods 1920-1925 and 1926-1930, the condition of the labour market is shown below.

Year.	Average of Unemployment	Unemployment as at December	Relief as at December
1921	1179	1402	1386
1922	938	969	1443
1923	626	460	1106
1924	366	517	1128
1925	361	686	1182
Annual Average	694	807	1249
1926	625	625	1206
1927	492	896	1609
1928	700	913	1320
1929	634	1066	1239
1930	788	1194	1349
Annual Average	645	939	1345

It will be noticed that the fluctuation in the unemployment figures from year to year does not appear to influence directly to any appreciable extent the figures representing those receiving relief in some form at the hands of the Board of Guardians.

It is interesting to note that at the end of 1913, i.e. the last pre-war year, the number in receipt of relief in some form was 1452, in a population 20,000 less than it is to-day.

PUBLIC PARKS AND RECREATION GROUNDS.

Apart from the extensive and picturesque sands and sea-front, the Borough is well supplied with open spaces, which act as "lungs" for the use of the General Public. These are

Poole Park	...	...	42 acres
Branksome Dene	...	...	12½ "
Ladies' Walking Field	...	...	9 "
Wimborne Road	...	...	13 "
Green Park, Longfleet	...	...	1 "
Constitution Hill	...	...	7 "
Parkstone Park	...	...	3 "
Jubilee Road	...	...	¾ "
Alexandra Park	...	...	7 "
Compton Acres	...	...	2 "
Evening Hill, Lilliput	...	...	3½ "
Canford Cliffs	...	...	12 "

Sandbanks	...	...	12	acres
Hamworthy Park	...	...	18	„
Hamworthy Recreation Ground			16½	„
Coy Pond Gardens	...	...	6¾	„
Bourne Vale Recreation Ground			22	„
Marline Road	...	...	2½	„
Branksome Cline Gardens	...		22	„
Branksome Chine	...	...	25	„
Widdicombe Recreation Ground			2	„

These are provided with organised recreational facilities as follows :—

Football Pitches.

Hamworthy Recreation Ground	...	...	3	
Ladies' Walking Field	...	...	2	
Wimborne Road	...	...	1	
			—	6

Hockey Pitches.

Poole Park	...	...	2	
Wimborne Road	...	...	1	
			—	3

Rugby Pitch.

Hamworthy Recreation Ground	...		1	
			—	1

Net Ball Pitches.

Poole Park	...	...	1	
Wimborne Road	...	...	1	
			—	2

Cricket Pitches.

Poole Park	...		2	
Wimborne Road	...	...	1	
Grammar School	...	...	1	
			—	4

Tennis Courts.

Poole Park	...	3 Grass	2 Hard	
Canford Cliffs	...	2 „		
Branksome Park	...	2 „	3 „	
				12

Bowling Greens.

Poole Park	...		2	
Alexandra Park	...	...	1	
Branksome Park	...	...	1	
			—	4

Children's Gymnasia.

Ladies' Walking Field		Swings	and See-saws.
Alexandra Park	...	...	do.
Hamworthy Recreation Ground	...	...	do.

Putting Greens.

Poole Park	...	...	1 nine-hole.
Sandbanks	...	...	1 nine-hole.

VITAL STATISTICS.

Quinquennial figures under several headings from 1885 onwards are given in Table A.

For the two last five-yearly periods, these are enumerated for comparison below :—

Year.	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				
		Birth Rate.	Marriage Rate.	Crude Death Rate.	Cancer Death Rate.	Pulmonary Tuberculosis Death Rate.
1921	73.6	21.8	16.7	11.9	1.20	0.96
1922	79.7	19.5	16.3	14.1	1.40	1.30
1923	60.0	19.3	17.6	11.9	1.62	1.02
1924	66.3	18.0	17.3	11.6	1.13	0.91
1925	71.7	18.1	22.4	11.7	1.60	0.71
Average for Poole	70.3	19.3	18.1	12.2	1.39	0.98
Average England & Wales	75.8	19.9	—	12.2	—	—
1926	53.4	17.5	16.3	11.25	1.62	0.94
1927	58.1	17.5	16.0	12.30	1.45	0.71
1928	50.2	17.3	15.1	11.92	1.42	0.61
1929	46.3	16.8	16.8	13.16	1.50	0.56
1930	57.6	16.7	15.4	12.39	1.87	0.87
Average for Poole	53.1	17.2	15.9	12.2	1.57	0.74
Average England & Wales	67.6	16.8	—	12.1	—	—

Where contrast with the country as a whole is possible, it will be noticed that in Poole the infantile mortality shows a much greater relative decrease, the birth rate, which was below the standard, is now above it, the crude death rate remains stationary.

For 1930, in detail, the particulars are set out below :—

		Total. Male Female			
<i>Live Births</i>	Legitimate	887	461	426	Birth Rate : 16.72
	Illegitimate	52	28	24	
<i>Still Births</i>	...	37	21	16	Rate per 1,000 total births 37.9
<i>Deaths</i>	...	696	333	363	Death Rate : General 12.39 Corrected 11.65

Percentage of Total Deaths occurring in Public

<i>Institutions</i>	24 per cent.
<i>Maternal Deaths.</i> Number of women dying in or in consequence of childbirth :—	
(a) from Sepsis	2
(b) from other causes	3
<i>Infantile Death</i> , or deaths under 1 year per 1,000 live births :	
(a) Legitimate 45 Rate : 51 Combined	
(b) Illegitimate : 9 Rate : 173 rate 57.6	
<i>Neo-Natal Deaths</i> , or deaths under 4 weeks, per 1,000 live births	35.1
<i>Deaths from Measles</i> (all ages) :	5
<i>Deaths from Whooping Cough</i> (all ages)	3
<i>Deaths from Diarrhoea</i> (under 2) :	1

The following statistics are based on an approximate estimate of the population at mid-year, 1930 of 56,150 inhabitants.

The Birth Rate was 16.72 per 1,000 of the population. For the country as a whole the rate was 16.3, the same as for 1929. The greater Towns and County Boroughs have a higher rate of 16.7, the smaller Towns having 16.2

The Infantile Death Rate. This is discussed in detail in the section of the Report dealing with Maternity and Child Welfare. The rate of deaths per 1,000 live births has risen in 1930 to 57.6. In 1929 it was 46.3. For England and Wales as a whole, the 1930 infantile death rate was, in the great Towns, 64, in the smaller Towns 55, with an average of 60.

The Marriage Rate. For 1930 this was 15.4 per 1,000 of the population, as compared with 16.8 in 1929.

The Death Rate. The general death rate for the year was 12.39 as compared with 13.16 for 1929. For the whole country the death rate was 11.5, which is 1.9 below the rate for 1929.

Speaking generally, in an essentially residential district like Poole, the influx of population tends to be elderly: to a busy manufacturing centre, a younger adult life is attracted. This factor helps to keep the death rate high in the former case.

In an industrial town, the proportion of population which reaches the age of 65 years is about 33 per cent. of the whole. In Poole, of all deaths during recent years, over 40 per cent. have exceeded that age, and in 1930, 48.4 per cent.

In estimating what is described as the Corrected Death Rate for Poole, the Registrar General makes an allowance for any abnormal "age distribution" of the population, and also for the "sex distribution," which shows the death rate in a more favourable light, when these two modifying factors are taken into account.

The resulting death rate is actually 11.65 per 1,000 of the population. This method of gauging the relative healthiness of a district is more accurate than by reference to the General Death Rate.

The Cancer Death Rate. The total deaths from malignant disease in 1930 were 104, which gives a death rate of 1.87 per 1,000 inhabitants. In 1929, the figure was 1.5. For England and Wales in 1930, the numbers are not yet available.

Deaths from Pulmonary Tuberculosis numbered 48. The resulting rate is .87 per 1,000 of the population, the figure for England and Wales being .79.

WATER SUPPLIES.

The main water supply for the district is provided by the Corporation Waterworks at Corfe Mullen, about 6 miles N.W. of the Town. A section of the population, numbering about 9,000, at the East end of the Borough, is supplied from the reservoirs of the Bournemouth Gas & Water Company.

Prior to the year 1910, the Town obtained its supplies from reservoirs in the Waterloo, Lilliput, Alderney and Springfield districts of the Borough. In 1906 the Corporation decided to purchase these works, which were the property of the Poole Waterworks Company.

In 1910, the old supply was entirely replaced by the purer water from the Corfe Hills. In 1919, a mechanical chlorinating plant was installed, and a scheme of improvement and extension was commenced at a cost of £82,000, to meet the needs of the rapidly growing population of the Borough, of Broadstone, Corfe Mullen and Lytchett, and of other outlying districts within the limits of supply.

Further increase of pumping plant, and laying of duplicate main from the pumping station, are in contemplation.

The following extract from a Report by the Waterworks Engineer, Mr. G. V. Sparrow, appears to indicate that the subterranean area of supply responding to the pumps is increasing in its resources, as the greater demands of to-day are being met with less diminution of available water:—

“With regard to the yield of the well, it is interesting to note that when the first tests were made in 1910, with both sets of the suction gas plant working together and pumping at the rate of 72,000 gallons per hour (or 1,728,000 gallons per day), the water level in the well was lowered from 13 feet below the engine house floor to 102 feet. The present water level when pumping with the steam plant alone at the rate of 60,000 gallons per hour (or 1,440,000 gallons per day) is lowered from 12 feet to 36 feet, and when pumping with two sets at the rate of 96,000 gallons per hour (or 2,304,000 gallons per day) the lowest level recorded is 60 feet.”

The water is examined periodically in the Borough Public Health Laboratories, and maintains an excellent and consistent standard of bacterial purity. The only defect is that, like all other chalk waters, it is rather hard. The fourteen grains of “temporary hardness” which is found in each gallon means that,

when a householder uses 1,000 gallons of water, fourteen pounds of soap—at a current cost of about 7/-—are used up in the involuntary process of softening the water in order to make the further soap used have its ordinary cleansing power. This is a serious question for the householder, and must give food for thought.

A complete chemical analysis of the water has been made during the year, with the following result:—

Chemical results in parts per 100,000

Turbidity :	...	...	Clear and bright.
Colour :	...	...	Normal.
Odour :	...	...	Nil
Reaction pH.	...	...	Neutral 7.6.
Free Carbonic Acid :	...	...	—
Electric Conductivity at			
20°C. :	...	...	460
Total Solids, 180°C. :	...	...	30.5 (grains per gallon, 21.5)
Chlorine in Chlorides :	...	2.3 (	“ “ “ 1.61)
Nitrogen in Nitrates :	...	0.16 (	“ “ “ 0.11)
Nitrates :	...	...	Absent.
Hardness, permanent :	...	3.0 (grains per gallon,	2.1)
temporary :	...	20.0 (	“ “ “ 14.0)
Total :	...	23.0 (	“ “ “ 16.1)
Metals :	...	...	Very minute trace of Iron—0.005
Free Ammonia :	...	...	0.0008
Albuminoid Ammonia :	...	...	0.0004
Oxygen absorbed in 3 hours			
at 37°C. :	...	...	0.0050

The remarks of the Analyst—Dr. J. F. Beale—on these figures are:—“ This is a clear and bright water, of neutral reaction, and hard in character, the hardness being mainly of a ‘ temporary ’ nature.

“ The water is of a very high degree of organic purity and shows no chemical evidence of undesirable contamination.

“ From the chemical standpoint, therefore, we regard the water as pure and wholesome, suitable for drinking and domestic purposes.”

The consumption of water supplied by the Borough Scheme in 1930 was 530,257,000 gallons, representing a reduction of about 9,000,000 gallons on that of 1929. This includes the outlying districts referred to. It is therefore not easy to deduce an average ‘ per head ’ consumption for the Borough.

The system of purification by chlorination provides the Town with water of a high standard of bacterial purity, samples of well and tap water being periodically submitted to examination in the Borough Public Health Laboratories.

The geological strata from which the wells draw the water cause this to be of “ hard ” quality. It fluctuates about the maximum point of hardness which is considered tolerable as a standard for general use.

The total storage capacity is 6,670,000 gallons, with a pumping capacity of 96,000 gallons per hour.

DRAINAGE AND SEWERAGE.

The actual provision of sewers is in the hands of the Streets and Sewers Committee. The Health Committee is charged with the duty of collection, removal and disposal of night soil.

In the five years ending 1925, the number of cesspools with which the Department was called upon to deal was :

	No.	Average cost per Cesspool.
In 1921	312	£4 10 6
1922	379	£4 18 0
1923	411	£3 1 0
1924	434	£2 13 0
1925	419	£4 0 0

In these years also the number of pail closets was reduced from 182 to 53. Sewering schemes at Sandbanks, Hamworthy, Upper Parkstone and Seldown were responsible for lightening the increase by 200, and the cesspool-emptying plant consisted of two 1-ton 200-gallon tank Ford vans, one 2½-ton Leyland 500-gallon tank vehicle (1925) and two motor-driven diaphragm pumps.

The rapid housing activities of the Town in the succeeding five years, ending with this Report, are reflected in the following increased figures for cesspools on the books at the end of each year :—

	No.	Average cost per Cesspool.
1926	490	£3 4 6
1927	610	£2 18 0
1928	781	£2 19 6
1929	699	£3 0 0
1930	662	£3 10 5

To meet these increases, a second 2½-ton Leyland tank and two more diaphragm pumps were provided.

Sewering schemes under way in 1930 covered 110 cesspools. There were also in 1930 148 still on the books in roads sewered in 1929, giving a total of 258 due for connecting up to the sewer mains. It was in 1929 estimated that 200 would be connected up during 1930. The actual number connected was 196. This gives an overdue remnant carried into 1931 of 62.

New cesspools to the number of 159 came on the Department's books during 1930, against an expected increase of 100. To reduce this, roads which it is contemplated to sewer in whole or in part during 1931 (printed in italics on the table appended) should account for 120 cesspools.

On the other hand, a further 100 new cesspools may be expected to come on the books during the year 1931 in unsewered roads, and the total remaining at the end of 1931 will not have fallen much below the figure at the end of the year under review.

Ten years ago the total was about 300, so that further schemes of linking up to the main sewers are still urgently called for.

CESSPOOLS, 1930.

DISTRICT.		No. of Cesspools on books at end of 1929	New Cesspools on books during 1930	Cesspools closed up during 1930	Remaining in 1931.
Alder Road Beaconsfield Road Brixey Road Cornelia Crescent Fancy Road Foxholes: Good Road Guest Avenue Hamworthy:	...	5	10	—	15
	...	7	2	—	9
	...	7	—	5	2
	...	15	3	—	18
	...	10	—	—	10
	...	7	4	3	8
	...	18	2	—	20
	...	4	—	—	4
	...	8	6	5	9
	...	16	2	—	18
Blandford Road Lake Road Lutworth Avenue Dawkins Road Hinchliffe Road Branksea Avenue Halter Path Carter's Avenue Galloway Road Hoyal Road Balston Road Various	...	52	—	—	51
	...	42	7	25	24
	...	10	5	—	15
	...	2	—	—	2
	...	3	—	3	—
	...	5	—	—	5
	...	2	—	—	2
	...	3	—	—	3
	...	1	2	—	3
	...	12	30	—	42
Kinson Crescent Old Wareham Road Ringwood Road Rosemary Road Rossmore: Fortescue Road Marline Road Rossmore Road Southill Road Stanfield Road	...	1	—	—	1
	...	4	1	—	5
	...	2	—	2	—
	...	27	2	—	29
	...	60	7	10	57
	...	26	6	20	12
	...	3	—	—	3
	...	2	1	—	3
	...	8	3	—	11
	...	6	1	3	4
St. Clement's Road Stanley Green: Darby's Lane Dorchester Road Enfield Road Oakdale Road Oakfield Road Stanley Green Road Palmer's Road	...	7	—	—	7
	...	18	2	—	20
	...	11	—	—	11
	...	10	4	14	—
	...	5	16	18	3
	...	11	—	7	4
	...	35	—	24	11
	...	25	27	—	52
	...	25	—	25	—
	...	9	2	—	11
Tatnam Road Upper Churchill Road Wallisdown Whitecliff Estate: Whitecliff Road Sandbanks Road Whitefield Road	...	28	—	—	28
	...	18	4	—	22
	...	6	—	—	6
	...	3	—	3	—
	...	48	3	28	23
	...	34	—	—	34
	...	1	—	—	1
	...	1	—	—	1
	...	1	—	—	1
	...	—	1	—	1
Wimborne Road Winston Avenue Various: Parkside Road Ashley Road Baiter Baths Baiter Hospital Beresford Road Bond Road Branksome Cemetery Lodge Branksome Chine Cafe Bridle Path Cuckoo Road Chaddesley Road Dunstan Lane Fernside Road Herbert Avenue Nairn Road Poole Cemetery Lodge Poole Park Tea Rooms Mill Lane Pound Lane Sandpit Lane Upper Road Western Road Cranbrook Road Parkstone Congregational Church Alexandra Park Major Avenue Branksome Dene Cafe Fyving Avenue Cromwell Road St. Mary's Road	...	1	—	—	1
	...	3	—	—	3
	...	1	—	—	1
	...	1	—	—	1
	...	—	1	—	1
	...	1	—	—	1
	...	3	—	—	3
	...	1	—	—	1
	...	1	—	—	1
	...	1	—	—	1
Total:		699	159	196	602

CLEANSING AND SCAVENGING.

The main services are carried out by the Borough Surveyor's Department, acting under the direction of the Public Health Committee.

In 1924 motor vehicles were first used for this work to reinforce the horsed vans and to deal with the areas more distant from the refuse tips. Five one-ton Ford end-tipping vans are now in use, but the method of collection is still rather out of date. The area of the Borough is so large that a long haulage is inevitable. The exposed nature of many of the roads, and the fact that the Town is a growing health resort, necessitates the urgent adoption of up-to-date mechanical, low-level loading, automatic-covered vehicles.

Trials have already been made with the latest types of vehicle. By this means it is hoped that the vehicle most suitable for the district will soon be adopted. The purchase of 4 of these is at present awaiting the approval of the Ministry of Health.

With regard to the disposal of house refuse, a deputation visited other areas to study at first hand, e.g., salvage and incineration at Brighouse and Birmingham, the tip system at Bradford. As a result of their report, a trial of the latter system was decided upon, and employees were sent to Bradford to gain experience in its special local features.

Street cleansing has been expedited and improved by the provision in 1928 of a "Lacre" motor sweeper. This machine has proved very efficient and economical. A machine brush has also been adopted for attachment to the rear of motor lorries. This is most useful on special occasions, particularly during the autumn to assist in the removal of leaves.

Generally the street cleansing of the Borough is about to be reorganised. It is proposed to divide the area into districts, with a man responsible for each particular area. The existing old-fashioned orderly trucks it is proposed to replace with covered orderly bins, two of which will be carried on one rubber-tyred chassis. These bins when full will be placed by the roadside, unlocked and emptied by the first refuse cart which passes, and put back on the roadside. Meanwhile the sweeper will have reserve bins with which he will continue at work without waiting periods.

The collection of trade refuse is governed by the following charges :—

FISHMONGERS AND BUTCHERS.

(a) Ordinary collection charge 15/- per annum.

OTHER TRADES.

(b) Ordinary collection ,, 7/6 ,,

(c) $\frac{1}{2}$ cart load per week ,, £2 10s. ,,

(d) $\frac{1}{2}$,, ,, ,, ,, £5 ,,

(e) 1 ,, ,, ,, ,, £10 ,,

Limewashing is of valuable assistance in maintaining the cleanliness of courts, enclosed backyards and alleys. It is not only of value in itself, but has a stimulating effect on the surrounding householders, who respond extremely well. The result is that the general condition of these places is distinctly complimentary to the people and to the Town. This work is carried out by the Public Health Department twice yearly.

Opportunity is also taken during the School vacations to disinfect all the Elementary Schools of the Borough.

POPULATION AND HOUSING.

The population of the Borough, by Census in 1921, was 43,649. At this time the number of available houses, from Census information, was 9,400, of which 9,044 were in actual occupation.

In order not to accept too favourable a view of the housing position, it has been assumed that, for one reason or another, the balance of 356 houses were empty because uninhabitable.

Examination in detail of the inhabited house conditions, however, showed that

286 families were living in				1-room houses :
957	„	„	„	2-room houses :
931	„	„	„	3-room houses.

As, from purely hygienic reasons, no family, however small, should live, sleep and eat in the same room, 286 houses should be deducted from those available.

Of the 957 two-roomed houses, 527 were occupied at that time by elderly people or young married couples. This left 430 houses unsuitable in this category.

Of the 931 three-roomed houses, 530 were occupied by three people or less. Considering the remainder—401—to be not up to reasonable housing standard, we can arrive at this approximate estimation, that of the 9,400 houses, 356 + 286 + 430 + 401, or 1,473, should be replaced. This left the Town in the position in 1921, of having about 7,927 houses suitable for its then population.

In the interim new houses have been built—up to the end of the year now under review—as follows :—

1921 :	170	1926 :	574
1922 :	145	1927 :	499
1923 :	227	1928 :	514
1924 :	519	1929 :	589
1925 :	621	1930 :	704

a total of 4,562 houses.

The sea water swimming enclosure adjacent to the Poole Park affords another useful public recreational centre, and is a valuable addition to the attractive open-air undertakings of the Town.

There is also a free open-air tidal swimming enclosure on the foreshore of the Harbour at Baiter, of which full advantage is taken in the summer months.

Fresh Water Baths. These are situated in rather limited space, close to the Guildhall, and consist of five cubicles with lavatory accommodation. Special facilities are provided for Elementary School Children, on two days weekly, at a nominal charge of one penny.

The following figures of attendances at the baths for recent years appear to indicate a decreasing use, which may, though probably not appreciably, be influenced by the number of houses with bathroom accommodation which have been built during the same period :—

Year.	Adults.	Children.	Total.
1924	5357	1680	7937
1925	5950	1230	7180
1926	4812	1020	5832
1927	4496	1330	5826
1928	4178	1092	5270
1929	3638	1002	4640
1930	3668	1192	4860

RAT CONTROL.

Poole being a Port, both the rarer Black Rat and the commoner open-air Brown Rat are to be found in the Borough. The obligation to deal effectively with rats falls, under the Rats and Mice (Destruction) Order, 1919, upon the owner or occupier of premises infested with them. To assist in the clearing of premises harbouring these rodents, a charge of 3/6 being made, 38 visits were made for private occupiers in 1930. It is the custom to re-visit the premises and grounds the day after baits are laid, to collect unused baits, and every precaution is taken to prevent domestic animals from gaining access to the material used. A leaflet of advice and warning is also delivered at each place dealt with.

The experience gained in dealing with quayside grain stores, etc., agrees with the recommendation of the Ministry of Agriculture and Fisheries, namely, that to get good results, the rat must be treated to an attractive change of diet from that to which it gets ready access.

Wherever poultry food, eggs and young chickens are kept, rats are likely to be attracted. This, combined with the fact that many of the more secluded wooded areas of the Borough are now being cleared for habitation, calls for an appeal to those who keep

hen-runs to consider their neighbours who do not. New poultry-houses and chicken-coops should be made rat-proof as far as possible, and the food should be stored in rat-proof receptacles.

The refuse tips of the Borough are still an unfortunate necessity, and a modified evil only in so far as they are assisting to reclaim ground which otherwise is unserviceable. The nature of the tips makes them a happy hunting ground for rats. During the year 9 raids on the tips have been carried out.

Any figures dealing with rat control are bound to be hypothetical, as the actual dead rats openly discovered are not accurate indication of the number that have fallen to the bait. From the following results obtained, however, during the past few years, it may safely be assumed that the rat population is being more than held in check.

Year.	Baits laid	Refuse tips Sewers, etc.	Private Premises	Dead rats found.
1922	34,000	49	43	2,259
1923	36,000	57	52	1,260
1924	34,000	28	39	820
1925	19,330	22	46	323
1926	15,200	30	32	435
1927	12,800	21	32	390
1928	14,300	15	41	439
1929	13,620	15	38	432
1930	12,264	28	43	267

While no special feature was made of a Public Rat Week in the Borough, four Sanitary Inspectors' Assistants give part of their time to prevention and destruction of rats throughout the year.

With 700 new houses arising each year, a certain amount of new ground, some of it timbered woodland, is being continually opened up, with the result that some rats are kept on the move, and occasionally complaints are heard of in unexpected areas.

An accentuated official effort was carried out in October and November on an extensive seaboard reclamation tip at White-cliff, at the Aviaries in the Public Park, and also at the Public Recreation Ground, cafes and day huts on the beach at Sandbanks, just at the close of the season. Close observation on these particular areas shows that the markedly effective result immediately noticed has been maintained up to the present. By the method used in these cases, the rats recede to their lairs to die, so that the results have to be judged by general observation and by expressed satisfaction, rather than by the numbers of dead rats found.

MOSQUITOES.

The system of spraying the fresh water lakes, ponds and watercourses with paraffin for the destruction of mosquitoes and their larvae was continued within the Borough during the past year.

Between April and September, the hottest period of the year, periodical visits were made to infested places requiring attention.

A total of 72 gallons of paraffin, with 2% added castor oil, was used at these places, and 35 visits made, the fresh water lakes in Poole Park being sprayed on 9 occasions, the Branksome Chine Lakes 11 times, and Coy Pond 10 times.

Owing to complaints received, three new areas were sprayed, viz.: Dorchester Road watercourse, and low-lying land at the Park Estate, each on four occasions, and one visit was paid to a watercourse at Coles Avenue, Hamworthy.

FOOD.

In addition to the ordinary inspection of foodstuffs and meat, certain important Regulations lay down lines of action which the Inspectors of the Department follow in safeguarding the public in the matter of the maintenance of Dairies, Cowsheds, and Milkshops, the Sale of Milk and Cream, the Sale of Food and Drugs, the control of Slaughterhouses, etc.

Considerable recent legislation, particularly in the direction of the supply of clean, wholesome milk and sound meat, entails redoubled exertions on the part of the Inspectors and of the Health Department, but the work is willingly done in the knowledge that the community will gain.

76 formal samples of New Milk were taken for analysis. Five of these were found to be adulterated. In the action taken in these five cases, one firm was twice fined, £1 and £2 respectively, another was also fined £1, in a fourth case a conviction was entered with costs only, and the fifth was cautioned.

Reviewing the standards of milk found by analyses in recent years, these are found to be as under:

1923	...	Fats	3.48 per cent.	Non-fatty solids	8.56 per cent.
1924	...	"	3.49 " "	"	" 8.76 " "
1925	...	"	3.46 " "	"	" 8.79 " "
1926	...	"	3.70 " "	"	" 8.79 " "
1927	...	"	3.59 " "	"	" 8.79 " "
1928	...	"	3.47 " "	"	" 8.72 " "
1929	...	"	3.57 " "	"	" 8.76 " "
1930	...	"	3.53 " "	"	" 8.65 " "

With a view to detecting tuberculous infection in milk supplies, and to identifying the source of the taint, the Borough Laboratories examine periodically sale samples taken by the Inspectors. 39 samples were thus tested. The germ of tuberculosis was not found.

Opportunity is taken in the Laboratory to examine for extraneous solid matter—otherwise “dirt”—the samples of milk submitted for report. In this respect a definite improvement has been found, the average being in 1928, 14.7 parts per 100,000 while in 1929 this was reduced to 14 parts per 100,000 and in 1930 to 13.2.

There are no underground Bakehouses in the Borough.

All butchers' shops comply with the Regulations requiring provision of suitable window-shutter facilities.

Table G enumerates the samples taken by the Inspectors under these Acts, and subjected to analysis as to genuineness or presence of preservative.

The Report of the Borough Analysts on their work for the year is appended :—

REPORT ON WORK AS PUBLIC ANALYSTS FOR 1930.

During the year 1930, 120 samples were submitted under the Food and Drugs (Adulteration) Act, 1928, of which five were returned as adulterated, yielding a Percentage of Adulteration of 4.17.

All of the adulterated samples consisted of milk. Three of these samples of milk were deficient in fat to the extents of 5 per cent., 5 per cent., and 2 per cent., respectively and two contained added water in amounts of 2 per cent. and 5 per cent. respectively.

Altogether, seventy-four samples of milk were analysed and their composition on an average was 3.55 per cent. of fat and 8.82 per cent. of solids-not-fat. In addition, one sample of milk had the character that is known as “ropy.” Such a feature may be due to very different causes including presence of added thickeners, or bacteria from the donating cow's udder. A prolonged examination was made to find that neither of these causes was operative, so that the ropiness could safely be attributed to other and harmless bacteria that might have got in from the water supply to the farm, or from dust, or from fodder particles.

The average composition of milk, though better than in some recent years, is by no means any matter for satisfaction. The milk comes from areas which for climatic reasons are easier for cattle than most others, and yet in the averages for fat and solids-not-fat we show poorer figures than such of the big cities that publish their average data.

In addition to the examination for the purposes of the Food and Drugs (Adulteration) Act, all samples of milk have been examined for added colouring matter which is an offence under Section 4 of the Milk and Dairies (Amendment) Act, 1922. None of the samples was coloured.

In the matter of butter, the town is badly served. By law I am obliged to regard a sample of butter as genuine in respect of its water-content if this does not exceed sixteen per cent. A well-made butter contains between ten and thirteen per cent. of water with an occasional sample made under awkward conditions containing fourteen and a half per cent. A huge traffic is done in buying dry butter of this description and incorporating water to the maximum but, even when we know that this weighting of butter with water is practised, we have no power to take action. I analysed 15 samples of butter for the Town during the year, thirteen of which contained between 14.8 and 16.0 per cent. of water.

It is reasonable to say that 87 per cent. of the butter sold in the town is not real dairy butter but factory butter. Of the other two samples, one which contained 13.6 per cent. of water is either a real dairy butter or comes from a factory, such as does persist in Dorset, that considers its public. The other butter contained 14.3 per cent. of water, it might be a factory butter or it might be from a dairy that does not take advantage of the free advice in butter making that present-day authorities proffer.

Three samples of margarine contained an average of 14.42 per cent. of water.

Four samples of cheese were analysed, two of Cheddar variety one from New Zealand and one of Gorgonzola. As the last belongs to a type that can often be enjoyed when yellow cheeses disagree or are not digested, it acquires extra importance; as a sequence to the reference to this cheese in the 1929 report the figures of the 1930 specimen included moisture 28.8 per cent. and lactic acid 0.89 per cent.

The samples of coffee (two in number) contained 8.1 and 6.9 per cent. of moisture respectively. When freshly ground, coffee contains about one per cent. of moisture and there was (about 1913) an attempt to set up a standard of moisture that was not to exceed six per cent. But the Public Analyst for Blackpool pointed out then (1913) that this standard could not stand as coffee kept for three days in the usual drawer would pick up an additional five or six per cent. of moisture from the atmosphere. In other words the excessive moisture in the Poole samples could be attributed to absorption of water from the atmosphere. Incidentally, the flavour of coffee depreciates with such prolonged keeping so that a vendor has an incentive to sell coffee as soon after roasting as possible.

The sample of sweets was analysed because consumers complained of pains in the stomach and flatulence after eating. No poison or noxious substance was present and as a variety of coal-tar dyes was present, the sweets of different colours were analysed separately to ascertain if any of the dyes were of the types recognised as poisonous. The result was satisfactory and the symptoms can be attributed to simple indigestion of boiled sweets, which is not an uncommon occurrence.

In addition to samples already mentioned, 1 sample of separated milk, 12 of lard, 2 of sausages, 1 of preserved sausages, and 5 of ice cream, were examined, but presented no features of special interest.

WILLIAM PARTRIDGE, F.I.C.

Joint Public Analyst.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

The number of Dealers in Milk operating in the Borough is as under :

Description.	As at 1929	Registered in 1930.	Rmvd. from register	Total
Retail Purveyors	72	4	1	75
Purveyors of Bottled Milk only	16	11	—	27
Wholesalers	16	—	—	16
<i>Licences under Special Designations :—</i>				
To sell Certified Milk ...	1	1	—	2
Grade A (Tuberculin Tested) Milk	—	—	—	—
Grade A Milk	3	—	2	1

LIST OF ADOPTIVE ACTS, LOCAL ACTS, ETC.*Adoptive Acts.*

The Infectious Diseases (Prevention) Act, 1890.
 The Public Health Acts (Amendment) Act, 1890.
 The Public Libraries Acts, 1892 to 1901.
 The Baths and Wash-houses Acts, 1846 to 1899.
 The Private Street Works Act, 1892.
 The Notification of Births Act, 1907.
 The Public Health Acts (Amendment) Act, 1907 :
 Part II. Sections 15-23, 25-27, 29-33.
 Part III. Sections 34-50.
 Parts IV-VI.
 Part VII. Section 81.
 Part VIII.
 Part X.

Public Health Act, 1925 :
 Parts II-V.

Local Acts.

Poole (Extension) Order, 1905.
 Confirmed by the Local Government Boards' Provisional Orders Confirmation (No. 12) Act, 1905.
 The Poole Corporation Water Act, 1906.
 The Poole Corporation Act, 1919.
 The Poole Corporation Act, 1928.

*Bye-laws.**Date of Approval.*

9th November, 1899.
 29th October, 1890.

Subject.

Parks and Pleasure Grounds.
 Pleasure Boats and Vessels.

Bye-laws—(continued)

<i>Date of Approval.</i>	<i>Subject.</i>
20th December, 1895.	Whirligigs and Swings.
20th December, 1895.	Sanitary Conveniences.
28th April, 1896.	Telegraph and Other Wires.
1st May, 1896.	Common Lodging Houses.
4th May, 1896.	Slaughterhouses.
24th December, 1896.	Nuisances.
27th February, 1901.	Pleasure Grounds.
11th July, 1902.	Poole & District Light Railway Order, 1899.
4th August, 1905.	Section 74 of Education Act, as amended.
7th December, 1905.	Pleasure Grounds.
11th January, 1907.	Cemeteries, Management of
13th November, 1907.	Good Rule and Government.
8th June, 1909.	Shop Hours Act, 1904 (Closing Order)
6th July, 1911.	Houses Let in Lodgings.
14th August, 1911.	Public Bathing.
1st November, 1911.	Water, Preventing Waste, etc.
19th November, 1914.	Locomotives.
21st January, 1915.	Street Trading
5th June, 1917.	Sale of Coal.
24th January, 1922.	Employment of Children Act.
6th March, 1925.	Omnibuses.
18th May, 1925.	Nuisances.
6th July, 1925.	Employment of Children Act.
14th April, 1926.	New Streets and Buildings.
24th January, 1927.	Pleasure Grounds.
16th August, 1927.	Hackney Carriages.
16th August, 1927.	Omnibuses.
7th October, 1927.	Slaughterhouses.

Regulations.

Cemeteries.
 Dogs Order, 1906.
 Dairies, Cowsheds and Milkshops, 1908.
 Drains of Buildings with Sewers, Connection of,
 Fire Brigade.
 Parks, Persons Using.
 Bowls, Game of
 Tennis, Game of
 Education Committee, Constitution of
 Grammar School, Government of
 School of Art, Government of
 School Managers, Guidance of

INFECTIOUS DISEASES.

Control of Infectious Disease.

The Borough Public Health Laboratory examines free of charge all pathological and bacteriological specimens submitted by medical practitioners, Health Visitors, School Nurses or Hospitals, the report being telephoned where urgency is of importance. Particulars of work done in this sphere will be found in the portion of the Report dealing with the Laboratory. As the Medical Officer of Health is also School Medical Officer, Medical Officer under the Maternity and Child Welfare Scheme, Port Medical Officer, Superintendent of the Fever Hospital, Director of the Laboratory, and Honorary Pathologist to the Cornelia Hospital, he is thus enabled to keep himself in intimate personal touch with illness, which it would be impossible to maintain in a town of larger population.

Absentee Reports from the School staffs are checked and followed up by the School Nurses and School Attendance Officers; and systematic swabbing of sore throats and discharging nostrils, both at home and in the School Clinics, is a valuable aid to checking a school outbreak, as often an unsuspected case is thus disclosed and spread prevented.

Diphtheria cases, after two weeks at home on discharge from Hospital, and before returning to school or business, are requested to report to the Health Department, and two consecutive negative Laboratory reports are obtained before release from observation. By this means the number of undetected persistent convalescent carriers is reduced to a minimum. The futility of reliance on the result of only one swabbing is clearly recognised.

A careful search of the schools during the year resulted in the early detection of a number of cases of nasal diphtheria, and their isolation and treatment had a definite influence in the reduction of the number of faucial cases during the second half of the year. As children suffering from nasal diphtheria are not as a rule ill, and complain of nothing more than a "sore nose," they are seldom taken to a doctor, and their part in the spread of infection is generally underestimated.

During the year 4,743 swabs were taken by the Public Health staff in connection with diphtheria cases, carriers and suspects, and in "following up" convalescent cases after discharge from hospital.

Diphtheria antitoxin is available free to medical practitioners on application to the Public Health Office, on certificate of emergency.

The Health Visitors, by the operation of the Notification of Births Act, are able to track out such infantile conditions as Ophthalmia, Pemphigus and Erysipelas.

Notification of Chickenpox ceased at the end of the year.

Of seven cases of Enteric Fever notified during the year, one

proved to be a Typhoid proper. Six were notified as Para-typhoid one being admitted from a foreign vessel in the Port. Of the six, blood tests did not support the diagnosis in 4 instances, in three of which double tests were made on the 10th and 15th days of illness.

For the cleansing and disinfection, and disinfection of verminous persons and their belongings, Alderney Hospital is equipped with baths and steam disinfectant.

The disinfection of premises, after infectious illness, is carried out by the Department's employees under the supervision of the Sanitary Inspectors.

Control of Diphtheria by Immunisation.

As this is an aspect of Preventive Medicine proper, reference is made to it here. A fuller exposition, as it affects primarily the School Medical Service, will be found in that section of this Annual Report.

This work was commenced in October, 1929, after a preliminary explanation of its features and value to the community during the course of 37 addresses to adults and senior school children in "Health Week." By the kindness of an Insurance Company, two very practical films, entitled "Risk of Diphtheria Banished," were shown at the local cinemas for a week, again by the kindness of the proprietors of these.

Propaganda is maintained by taking advantage of every opportunity of coming into contact with parents at School Medical inspections, Minor Ailment Clinics, Dental Clinics, Child Welfare Centres, Health Talks, etc.

The following slip is enclosed on all occasions for correspondence in any of the above connections :—

BOROUGH AND COUNTY OF TOWN OF POOLE.

Diphtheria Prevention.

Diphtheria is a dangerous infectious disease which mainly attacks children.

There is now a safe and reliable means of preventing Diphtheria.

Protection is obtained by a course of three small injections at weekly intervals.

Many thousands of children have been tested and protected in this and other countries, and the methods employed have been proved to be effective and harmless.

Facilities for testing and protection are now available at the School Minor Ailment Clinics.

You are strongly advised, in the interests of your children, to have them protected against Diphtheria. Once protected, it is believed they will remain so for life.

All you are asked to do is to send your request to the Public Health Department, Market Street, Poole.

R. J. Maule Horne, B.A., M.A., M.B.
Medical Officer of Health.

In addition to the activities at the official Immunisation Clinic—for voluntary assistance at which thanks are due to Dr. E. S. Bowes—the work is being taken up to a certain degree by local medical practitioners, who co-operate by submitting the names of those protected for record.

At the Clinic itself during the “rush season,” as many as 120 children were dealt with in one morning. The established average is now about 50. If the general public will continue their present intelligent appreciation of the advantages of this beneficent work, there should be no difficulty in maintaining a diphtheria-free child population in the Borough, as, apart from incoming population, there are not more than 1,000 births in the Town each year.

Hospitals.

Baiter Hospital, on the Baiter Peninsula in Poole Harbour, is kept in reserve for Smallpox cases. It has 20 beds (official capacity, 12) with an experienced Nurse as Resident Caretaker. It was not opened during the year.

Alderney Hospital is situated in a very healthy position near the landward boundary of the Borough on high gravel soil. It can accommodate 100 patients (official capacity, 44) and consists of 6 blocks, with administrative buildings, disinfecting station, and motor ambulance.

To Alderney Hospital, 448 cases have been admitted during the year, compared with 550 in 1929.

Of these, 286 were from the Borough, 71 from Poole Rural District, 28 from Wareham and Purbeck Rural District, 24 from Wimborne and Cranborne Rural District, 18 from Wareham, 10 from Wimborne, 7 from military stations in the County which are served by the Hospital, 3 from Christchurch, and 1 from Swanage.

There were 13 deaths, 10 from the Borough, and 3 from Wareham and Purbeck Rural District.

Scarlet Fever. 56 Borough cases were admitted, and 85 from external authorities. One Borough case and one external case died, and three were found on admission to be conditions other than Scarlet Fever.

Diphtheria. 172 Borough cases of faucial and 18 of nasal diphtheria were admitted, including 7 London children temporarily resident in the Shaftesbury Home of Recovery, and 64 from external authorities.

A further 24 Borough cases were temporary carriers, and 8 more were found to be conditions other than diphtheria. Seven of the Borough cases died, and one from an outside district.

Other Diseases. The remaining Borough cases consisted of Paratyphoid Fever (2), Ophthalmia Neonatorum, Puerperal Fever and Erysipelas (one each).

Total Admissions. Table H. tabulates these.

Total Incidence. Table I. shows the age incidence and the Borough areas in which the various infectious diseases have occurred.

Attack and Death Rates of the usual Hospital-treated infectious diseases for the year, given below, show the Borough as compared with the country as a whole.

Attack rate per 1,000 population	Year.	Small-pox.	Scarlet Fever.	Diphtheria	Enteric Fever.
Poole	1921	—	2.04	1.78	.07
	1922	—	.91	.77	—
	1923	—	.20	.11	.02
	1924	—	.81	.49	.02
	1925	—	.24	.75	—
	1926	—	.77	.26	.04
	1927	—	1.48	.04	.02
	1928	.02	1.60	.89	.02
	1929	—	3.25	4.36	—
	1930	—	1.00	3.38	.12
England and Wales	1929	.28	3.05	1.59	.07
Death Rate per 1,000 population ...					
Poole	1930	—	.02	.26	—
England and Wales	1929	.00	.02	.08	.01

The steam disinfecter is of the jacket type, working up to 40 lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham.

TUBERCULOSIS.

The Dorset County Council is the Local Authority for the prevention and treatment of Tuberculosis.

Particulars are given below of the position as regards the incidence of the disease for recent years.

Year	First Notifications		Formerly notified new residents.		Deaths.	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1921	100	8	1	—	42	6
1922	67	9	3	1	51	6
1923	56	14	9	—	45	11
1924	64	11	2	—	40	7
1925	59	18	12	1	33	6
1926	50	10	13	—	46	5
1927	54	8	16	—	36	6
1928	45	11	6	1	32	9
1929	62	11	4	—	30	5
1930	61	14	3	1	48	6

For the year under review, the details are as follows :—

Age Period	New Cases.								Deaths.			
	Pulmonary				Non-Pulmonary				Pulmonary		Non-pulmonary	
	M.		F.		M.		F.		M.	F.	M.	F.
	Primary Notifications.	Renotifications.	Primary Notifications.	Renotifications.	Primary Notifications.	Renotifications.	Primary Notifications.	Renotifications.				
0	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	1	—	—	—	—	—	—	1
5	—	—	—	—	1	—	1	1	—	—	—	—
10	—	—	1	—	—	—	3	—	—	—	—	—
15	2	—	4	—	—	—	2	—	2	3	—	2
20	4	—	8	—	1	—	1	—	2	6	—	—
25	6	—	6	—	—	—	1	—	5	2	1	—
35	9	—	3	—	2	—	1	—	6	5	1	—
45	6	2	4	—	—	—	—	—	7	1	1	—
55	5	1	2	—	—	—	—	—	4	2	—	—
65 & over	—	—	1	—	—	—	—	—	1	2	—	—
T'tal	32	3	29	—	5	—	9	1	27	21	3	3

Of the 30 deaths from the pulmonary form :—

5 had not previously been notified ;

13 had been notified during 1930 ;

9 " " " " 1929 ;

4 " " " " 1928 ;

1 " " " " 1927 ;

1 " " " " 1926 ;

2 " " " " 1925 ;

2 " " " " 1923 ;

1 " " " " 1922 ;

1 " " " " 1921 ;

1 " " " " 1920 ;

8 " " " " year uncertain.

The proportion of notified and non-notified pulmonary cases dying in recent years has been as follows :—

	1923	1924	1925	1926	1927	1928	1929	1930
Previously notified	25	28	28	40	32	29	27	43
Not notified	20	12	5	6	4	3	3	5
Total	45	40	33	46	36	32	30	48

Occasion has not arisen during the year for applying the operation of Section 62 of the Public Health Act, 1925 (compulsory removal to hospital of certain cases of pulmonary tuberculosis), or of the Public Health (Prevention of Tuberculosis) Regulations, 1925, controlling tuberculosis subjects in the milk trade.

The Laboratories are approved by the Ministry of Agriculture and Fisheries as a pathological institute for the purpose of examinations in connection with Tuberculosis in Animals (Tuberculosis Order of 1925).

BLIND PERSONS.

There are at present under the care of the Dorset County Association for the Blind the following :—

Adults.

Men	...	...	30
Women,	married	...	33
	single	...	19

Children.

Boys	...	...	0
Girls	...	...	3

— Total 85.

The three children have been provided for by the Local Education Committee, and are in a Residential School for the Partially Blind.

VENEREAL DISEASES.

Administration and treatment is in the hands of the County Council. A Clinic in the Borough itself is very necessary. At present the nearest available Centre is at the Royal Victoria Hospital. No alteration in this respect has been effected during the year.

Three persons who presented themselves to the Medical Officer of Health for advice were referred thither for treatment.

The number of patients who attended the Clinic, registered as resident in the Borough of Poole, was ~~10~~ ⁹³ compared with 82 in 1929.

Sex	Syphilis			Gonorrhoea			Diagnosed as Non-Venereal
	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	
M.	4	3	7	25	6	16	9
F.	5	5	12	2	4	4	5
Total	9	8	19	27	10	20	14

OPHTHALMIA NEONATORUM.

This crippling and avoidable disease of infancy continues to be light in incidence, having fallen from 21 cases in 1921, to 9 in 1922, and to 4 in each of the next three years, and to 3 in 1926, 2 in 1927, 4 during 1928, 1 in 1929 and 2 in 1930. In all, except one impaired vision in 1921, full sight has been preserved.

BOROUGH PUBLIC HEALTH LABORATORIES.

The sphere of gratuitous utility of the Public Health Laboratories includes the Hospitals in the Borough, the Medical Practitioners of the Borough, the School Medical Service, the Maternity and Child Welfare Service and the Food Inspectors.

For reports on materials coming from outside the Borough small charges are made.

Charges are also made for special work, such as preparation of vaccines, bacteriological tests of water samples, etc.

The work of the year is shown in the Table below :—

Diphtheria Swabs.

Hospital	...	...	3342
Nurses and Clinics	...	...	4743
Medical Practitioners	...	...	744
Institutions	...	...	551
County	...	...	196
			—9576

Other Specimens.

Sputa	...	...	60
Urines from Antenatal Clinics, etc.	...	...	177
Urethral, Vaginal, Cervical and Con-			
junctival Swabs	...	...	34
Pathological Tissues	...	...	30
Hairs for Ringworm	...	...	58
Cerebro-Spinal Fluid and Blood for			
Wassermann Test	...	...	19
Analysis of Milk Samples	...	...	39
Bacteriological Examinations of water			46
Dejecta for Typhoid-Dysentery, Group			
T.B., etc.	...	...	20
Pus and pus swabs	...	...	6
Blood films and counts	...	...	2
Pleural fluids	...	...	4
Cerebro-spinal fluids	...	...	14
Breast milk	...	...	1
Blood for Typhoid Group Tests	...	...	15
Oysters	...	...	1
Vaccines	...	...	1
From Veterinary Surgeon	...	...	3
			— 530
Total			10,106

In 1929, 7,498 examinations and reports were made.

HOSPITALS, MEDICAL SERVICES AND NURSING ARRANGEMENTS AVAILABLE FOR THE BOROUGH.

(1) *Hospitals and Sanatoria.*

<i>Classification</i>	<i>Name</i>	<i>Situation</i>	<i>Accommo- dation</i>	<i>Provided by</i>
Tuberculosis ...	Various	Various	72 for County	County Council
Maternity ...	Cornelia Hospital	Longfleet	4 beds	Borough Council
Children under 5	Cornelia Hospital	Longfleet	8 cots	Borough Council
Infectious Diseases	Borough Isolation	Upper Parkstone	44 beds	Borough Council
Smallpox, etc.	Baiter Isolation	Poole	12 beds	Borough Council
Children's ... Convalescent	Swanage Memorial	Swanage	3 for Borough	Royal Red Cross Society
Venereal Disease	Royal Victoria	Boscombe	4 beds	County Council
General ...	Cornelia Hospital	Longfleet	105 beds	Voluntary effort

(2) *Clinics and Treatment Centres.*

<i>Classification.</i>	<i>Situation.</i>	<i>Provided by</i>
Tuberculosis ...	King Street, Poole	County Council
Maternity and Child Welfare ...	Council Buildings, Poole ...	Borough Council
" " ...	Branksome Council Buildings	Borough Council
Maternity and Child Welfare Association Consultation Centre and School for Mothers ...	Poole	Voluntary effort subsidised by Borough Council
" " ...	Upper Parkstone	
" " ...	Heatherlands ...	
" " ...	Newtown ...	
" " ...	Longfleet ...	
Elementary Schools, Minor Ailments ...	Council Buildings, Poole ...	Borough Council
" " ...	Council Buildings, Branksome	" "
Elementary Schools, Dental Operative Clinic ...	Council Buildings, Poole	" "
Elementary Schools, Nose and Throat Operative Clinic ...	Cornelia Hospital ...	" "
Elementary Schools, Eye Clinic	" " "	" "
Elementary Schools, X-Ray Clinic ...	" " "	" "
Diphtheria Immunisation	Council Buildings, Poole	Borough Council
Venereal Diseases ...	Boscombe ...	County Council
General Dispensary ...	Langley Road, Branksome	Voluntary Effort

(3) *Professional Nursing in the Home.*

General. Two District Nurses for the Parkstone area are provided by the Parkstone District Nursing Association. One District Nurse, for work in the Poole, Longfleet and Oakdale districts, is provided by the Poole District Nursing Association, and one in Hamworthy by the Hamworthy Association.

These Associations are affiliated to the Dorset County Nursing Association.

Maternity. Seventeen certified Midwives are at present practising in the Borough. A further 3 are proprietors of Nursing Homes, which are also Maternity Homes.

(4) *Ambulance facilities.*

(a) *Infectious Diseases.* A motor ambulance for one stretcher and one sitting case is stationed at the Borough Hospital. The area covered by this vehicle includes a considerable portion of the East of the County of Dorset, and Christchurch in Hampshire.

(b) *Non-infectious and Accident Cases.* A Morris motor ambulance, which was presented to the Corporation by the Poole Carnival Committee, is maintained at Parkstone by the St. John Ambulance Brigade for general non-infectious work.

There is also a hand ambulance quartered at Parkstone Park.

(5) *Other Institutional Provision.*

Unmarried Mothers. A Home for girls awaiting confinement, and for unmarried mothers with their infants, with four beds and four cots, is situated at "Oak Tree Lodge," Lower Parkstone. This is supported by voluntary effort.

Illegitimate Infants. The Hants and Dorset Babies' Home, in Commercial Road, Parkstone, is capable of boarding 23 infants. It receives an annual grant from Government funds, and is subject to supervision by the Medical Officer of Health.

Homeless Children. The Dorset Home, in West Street, Poole, with accommodation for 75 girls, is a recognised Industrial School under the Children's Act, 1908. A few local children are sometimes maintained in the Home, but the majority come from the London County Council area. Girls are retained till the age of 18. The majority ultimately go into domestic service.

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TABLE A.

Vital Statistics, Quinquennial.

Year	Mid-year population	Infantile Mortality per 1,000 births.	Per 1,000 of Population.			
			Birth Rate.	Marriage Rate.	Death Rate. (uncorrected)	Cancer Death Rate. Pulmonary Tuberculosis Death Rate.
1885	12957	86	39.5		18.7	
1890	14027	82	26.9		14.6	
1895	17050	126	29.5		15.1	
1900	18991	131	27.7		15.3	1.3
1905	21804	113	26.7		15.7	.9
1910	34168*	82	26.0	15.4	12.7	1.3
1915	42800	93	18.7	18.6	13.2	1.1
1920	43400	75	23.6	22.0	10.8	.8
1925	46150	71.7	18.1	16.7	11.7	.9
1928	52940	50.2	17.3	15.1	11.92	.71
1929	53870	46.3	16.8	16.8	13.16	.61
1930	56150	57.6	16.7	15.4	12.39	.56
England & Wales, 1930		60	16.3		11.5	.85
						1.45
						.74

* Enlarged Borough.

TABLE A.
 Joint Probability, Q_{ij}

Joint Probability, Q_{ij}						
Joint Probability	Marginal Probability	Marginal Probability	Marginal Probability	Marginal Probability	Marginal Probability	Marginal Probability
0.1	0.1	0.1	0.1	0.1	0.1	0.1
0.2	0.2	0.2	0.2	0.2	0.2	0.2
0.3	0.3	0.3	0.3	0.3	0.3	0.3
0.4	0.4	0.4	0.4	0.4	0.4	0.4
0.5	0.5	0.5	0.5	0.5	0.5	0.5
0.6	0.6	0.6	0.6	0.6	0.6	0.6
0.7	0.7	0.7	0.7	0.7	0.7	0.7
0.8	0.8	0.8	0.8	0.8	0.8	0.8
0.9	0.9	0.9	0.9	0.9	0.9	0.9
1.0	1.0	1.0	1.0	1.0	1.0	1.0

TABLE B.
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1930.

Causes of Death.			All Ages	Under 1 Year	1 and Under 2 years	2 and Under 5 years	5 and Under 15 years	15 and Under 25 years	25 and Under 45 years	45 and Under 65 years	65 and Under 75 years	75 years and Over	Total Deaths in Institu- tions.
All Causes :			693										
	Certified	...	3				1				1	1	
	Uncertified	...											
1.	Enteric Fever	...	—	—	—	—	—	—	—	—	—	—	—
2.	Small Pox	...	—	—	—	—	—	—	—	—	—	—	—
3.	Measles	...	5	—	2	3	—	—	—	—	—	—	—
4.	Scarlet Fever	...	1	—	—	—	—	1	—	—	—	—	1
5.	Whooping Cough	...	3	2	1	—	—	—	—	—	—	—	—
6.	Diphtheria and Croup	...	8	—	—	1	7	—	—	—	—	—	7
7.	Influenza	...	5	—	—	—	1	—	—	2	1	1	—
8.	Encephalitis Lethargica	...	4	—	—	—	—	—	1	2	—	1	3
9.	Meningococcal Meningitis	...	—	—	—	—	—	—	—	—	—	—	—
10.	Tuberculosis of Respiratory System	...	48	—	—	—	—	13	19	14	2	—	10
11.	Other Tuberculous Diseases	...	6	—	—	2	—	2	2	—	—	—	5
12.	Cancer (Malignant Disease)	...	104	1	—	—	—	—	3	36	36	28	23
13.	Rheumatic Fever	...	1	—	—	—	—	—	1	—	—	—	—
14.	Diabetes	...	8	—	—	—	—	1	2	2	2	1	3
15.	Cerebral Haemorrhage, etc.	...	51	—	—	—	—	—	—	17	20	14	9
16.	Heart Disease	...	122	1	—	1	1	1	5	29	34	50	22
17.	Arterio-Sclerosis	...	44	—	—	—	—	—	—	6	15	23	3
18.	Bronchitis	...	36	—	1	1	—	—	2	5	13	14	5
19.	Pneumonia (All forms)	...	38	7	2	—	1	2	3	7	7	9	8
20.	Other Respiratory Diseases	...	—	—	—	—	—	—	—	—	—	—	—
21.	Ulcer of Stomach or Duodenum	...	9	—	—	—	—	—	1	7	1	—	3
22.	Diarrhoea, etc.	...	2	1	—	—	—	—	—	—	—	1	—
23.	Appendicitis and Typhlitis	...	6	—	—	—	1	1	—	3	—	1	4
24.	Cirrhosis of Liver	...	2	—	—	—	—	—	—	—	1	1	—
25.	Acute and Chronic Nephritis	...	22	—	—	—	—	—	1	6	8	7	4
26.	Puerperal Sepsis	...	2	—	—	—	—	2	—	—	—	—	1
27.	Other Accidents and Diseases of Preg- nancy and Parturition	...	3	—	—	—	—	—	3	—	—	—	3
28.	Congenital Debility and Malformation :												
	Premature Birth	...	33	32	1	—	—	—	—	—	—	—	2
29.	Suicide	...	8	—	—	—	—	—	3	5	—	—	2
30.	Other Deaths from Violence	...	29	1	—	1	4	5	6	8	2	2	16
31.	Other Defined Diseases	...	93	7	2	1	2	1	6	32	17	25	33
32.	Causes Ill-defined or Unknown	...	3	2	—	—	—	—	1	—	—	—	1
Total			696	54	9	10	17	29	59	181	159	178	167

CAUSES OF AND AGES AT DEATH DURING

TABLE B.

TABLE C.

INFANT MORTALITY DURING 1930.

Causes of Death.	Deaths from stated causes at various ages under one year.								Total Deaths under one year.	
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months		9-12 months
Prematurity ...	14	1	—	1	16	—	—	—	1	17
Marasmus ...	2	1	—	—	3	1	1	—	1	6
Shock : difficult labour	1	—	—	—	1	—	—	—	—	1
Falling on head at birth	1	—	—	—	1	—	—	—	—	1
Convulsions ...	1	1	—	—	2	—	—	—	—	2
Meningitis ...	—	—	—	—	—	1	—	1	—	2
Congen : heart Disease	3	—	—	—	3	—	1	—	—	4
Broncho-Pneumonia ...	—	—	—	—	—	3	3	2	1	9
Bronchitis ...	—	1	—	—	1	—	—	—	—	1
Debility ...	1	—	—	—	1	—	—	—	—	1
Sarcomatous growth in neck	—	—	—	—	—	—	—	—	—	1
Acute Leukæmia ...	—	—	—	—	—	—	1	—	—	1
Whooping Cough ...	—	—	—	—	—	—	1	1	—	2
Asphyxia Neonatorum	1	—	—	—	1	—	—	—	—	1
Gastro Enteritis ...	—	—	—	—	—	—	1	—	—	1
Spina Bifida	—	—	1	—	1	—	—	—	—	1
Icterus Neonatorum ...	1	—	—	—	1	—	—	—	—	1
Causes Ill-defined or Unknown	2	—	—	—	2	—	—	—	—	2
Total ...	27	4	1	1	33	6	8	4	3	54

TABLE D.
BIRTHS.

	Notified by			Not Notified	Total	Stillborn.		
	Doctors	Midwives	Parents			Doctors	Midwives	Parents
Legitimate	197	244	20	—	461	13	8	—
	190	226	10	—	426	9	7	—
Illegitimate	9	17	2	—	28	—	—	—
	10	14	—	—	24	—	—	—
Total	206	261	22	—	448	—	—	—
	200	240	10	—	450	—	—	—
Grand Total	406	501	32	—	939	22	15	—

Count (thousands)	400	404	45	—	450	55	12
1000	500	540	10	—	120	—	—
2000	700	740	25	—	140	—	—
3000	1000	1100	—	—	74	—	—
4000	1500	1600	—	—	72	—	—
5000	2000	2100	10	—	120	—	—
6000	2500	2600	20	—	401	13	2
7000	3000	3100	—	—	—	100000	100000
8000	3500	3600	—	—	—	200000	200000
9000	4000	4100	—	—	—	300000	300000
10000	4500	4600	—	—	—	400000	400000
11000	5000	5100	—	—	—	500000	500000
12000	5500	5600	—	—	—	600000	600000
13000	6000	6100	—	—	—	700000	700000
14000	6500	6600	—	—	—	800000	800000
15000	7000	7100	—	—	—	900000	900000
16000	7500	7600	—	—	—	1000000	1000000
17000	8000	8100	—	—	—	1100000	1100000
18000	8500	8600	—	—	—	1200000	1200000
19000	9000	9100	—	—	—	1300000	1300000
20000	9500	9600	—	—	—	1400000	1400000
21000	10000	10100	—	—	—	1500000	1500000
22000	10500	10600	—	—	—	1600000	1600000
23000	11000	11100	—	—	—	1700000	1700000
24000	11500	11600	—	—	—	1800000	1800000
25000	12000	12100	—	—	—	1900000	1900000
26000	12500	12600	—	—	—	2000000	2000000
27000	13000	13100	—	—	—	2100000	2100000
28000	13500	13600	—	—	—	2200000	2200000
29000	14000	14100	—	—	—	2300000	2300000
30000	14500	14600	—	—	—	2400000	2400000
31000	15000	15100	—	—	—	2500000	2500000
32000	15500	15600	—	—	—	2600000	2600000
33000	16000	16100	—	—	—	2700000	2700000
34000	16500	16600	—	—	—	2800000	2800000
35000	17000	17100	—	—	—	2900000	2900000
36000	17500	17600	—	—	—	3000000	3000000
37000	18000	18100	—	—	—	3100000	3100000
38000	18500	18600	—	—	—	3200000	3200000
39000	19000	19100	—	—	—	3300000	3300000
40000	19500	19600	—	—	—	3400000	3400000
41000	20000	20100	—	—	—	3500000	3500000
42000	20500	20600	—	—	—	3600000	3600000
43000	21000	21100	—	—	—	3700000	3700000
44000	21500	21600	—	—	—	3800000	3800000
45000	22000	22100	—	—	—	3900000	3900000
46000	22500	22600	—	—	—	4000000	4000000
47000	23000	23100	—	—	—	4100000	4100000
48000	23500	23600	—	—	—	4200000	4200000
49000	24000	24100	—	—	—	4300000	4300000
50000	24500	24600	—	—	—	4400000	4400000
51000	25000	25100	—	—	—	4500000	4500000
52000	25500	25600	—	—	—	4600000	4600000
53000	26000	26100	—	—	—	4700000	4700000
54000	26500	26600	—	—	—	4800000	4800000
55000	27000	27100	—	—	—	4900000	4900000
56000	27500	27600	—	—	—	5000000	5000000
57000	28000	28100	—	—	—	5100000	5100000
58000	28500	28600	—	—	—	5200000	5200000
59000	29000	29100	—	—	—	5300000	5300000
60000	29500	29600	—	—	—	5400000	5400000
61000	30000	30100	—	—	—	5500000	5500000
62000	30500	30600	—	—	—	5600000	5600000
63000	31000	31100	—	—	—	5700000	5700000
64000	31500	31600	—	—	—	5800000	5800000
65000	32000	32100	—	—	—	5900000	5900000
66000	32500	32600	—	—	—	6000000	6000000
67000	33000	33100	—	—	—	6100000	6100000
68000	33500	33600	—	—	—	6200000	6200000
69000	34000	34100	—	—	—	6300000	6300000
70000	34500	34600	—	—	—	6400000	6400000
71000	35000	35100	—	—	—	6500000	6500000
72000	35500	35600	—	—	—	6600000	6600000
73000	36000	36100	—	—	—	6700000	6700000
74000	36500	36600	—	—	—	6800000	6800000
75000	37000	37100	—	—	—	6900000	6900000
76000	37500	37600	—	—	—	7000000	7000000
77000	38000	38100	—	—	—	7100000	7100000
78000	38500	38600	—	—	—	7200000	7200000
79000	39000	39100	—	—	—	7300000	7300000
80000	39500	39600	—	—	—	7400000	7400000
81000	40000	40100	—	—	—	7500000	7500000
82000	40500	40600	—	—	—	7600000	7600000
83000	41000	41100	—	—	—	7700000	7700000
84000	41500	41600	—	—	—	7800000	7800000
85000	42000	42100	—	—	—	7900000	7900000
86000	42500	42600	—	—	—	8000000	8000000
87000	43000	43100	—	—	—	8100000	8100000
88000	43500	43600	—	—	—	8200000	8200000
89000	44000	44100	—	—	—	8300000	8300000
90000	44500	44600	—	—	—	8400000	8400000
91000	45000	45100	—	—	—	8500000	8500000
92000	45500	45600	—	—	—	8600000	8600000
93000	46000	46100	—	—	—	8700000	8700000
94000	46500	46600	—	—	—	8800000	8800000
95000	47000	47100	—	—	—	8900000	8900000
96000	47500	47600	—	—	—	9000000	9000000
97000	48000	48100	—	—	—	9100000	9100000
98000	48500	48600	—	—	—	9200000	9200000
99000	49000	49100	—	—	—	9300000	9300000
100000	49500	49600	—	—	—	9400000	9400000

BIBLHS
TABLE D.

TABLE E.

Housing.

Number of New Houses erected during the year :—

(a) Total (including numbers given separately under (b))	...	704
(i) By the Local Authority	... ..	128
(ii) By other Local Authorities	... ..	—
(iii) By other bodies or persons	... ..	576
(b) With State assistance under the Housing Acts :		
(a) For the purpose of Part II. of the Act of 1925	...	—
(b) For the purpose of Part III. of the Act of 1925 :	...	128
(c) For other purposes	... ..	—

1. Inspection of Dwelling-houses during the year.

(1). Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made	... ..	441
(2). Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925, and the number of inspections made	... ..	41
(3). Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	9
(4). Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	413

2. Remedy of Defects during the Year without Service of Formal Notice.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	367
---	--------	-----

3. Action under Statutory Powers during the Year.

A.—Proceedings under Section 3 of the Housing Act, 1925 :

(1). Number of dwelling-houses in respect of which notices were served requiring repairs	... ..	35
(2). Number of dwelling-houses which were rendered fit after service of formal notices :—		
(a) By owners	... ..	34
(b) By Local Authority in default of owners	...	—
(3). Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	... ..	4

B.—Proceedings under Public Health Acts :—

(1). Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	21
(2). Number of dwelling-houses in which defects were remedied after service of formal notices :—		
(a) By owners	... ..	6
(b) By Local Authority in default of owners	...	—

4. Number of Houses owned by the Local Authority.

(i) Built prior to 1929	... ..	430
(ii) Built in 1929 and 1930 :	... ..
(a) Under Part III. of the Housing Act, 1925	...	108
(b) Under Part II. of the Housing Act, 1925	...	—
(c) Under other powers :		
Lagland Street Clearance Area	... ..	5
Reverted to Council as Mortgagors	...	74

TABLE.

НОВОРОССИЯ

[illegible]

TABLE F.

Report of Sanitary Inspectors for the Year 1930.

No. 1 District, Mr. Wheeler. No. 2 District, Mr. Power.

No. 3 District, Mr. Trim.

	District.		
	No. 1.	No. 2	No. 3.
Total Number of Visits to premises ...	4160	4792	3927
Visits re infectious and other diseases ...	117	147	153
Premises disinfected after infectious diseases ...	113	134	92
Premises disinfected after other diseases ...	67	46	27
House drains smoke tested ...	55	80	164
House drains water tested ...	139	209	146
Drains repaired, cleaned etc. ...	121	55	65
<i>Inspection of Licensed or Registered Premises.</i>			
Factories, Workshops and Workplaces ...	106	56	57
Slaughteries ...	62	685	216
Dairies and Milkshops ...	106	105	103
Cowsheds ...	23	70	31
Bakehouses ...	78	41	50
Houses let-in-lodgings ...	6	—	—
Common Lodging houses ...	84	—	13
<i>Inspections.</i>			
Butchers' premises ...	628	292	737
Greengrocers' premises ...	225	388	382
Fishmongers' premises ...	239	206	374
Fish Market ...	17	—	—
Schools ...	86	34	45
Ice Cream premises ...	47	20	17
Picture houses ...	26	—	5
Lavatories ...	64	279	61
Other premises ...	1104	1498	759
Inspections of work in progress ...	769	319	384
<i>Food and Drugs Acts.</i>			
Samples of food, etc., taken ...	20	50	48
Complaints received ...	—	—	2
Food destroyed : Beef, lbs. ...	—	1330	—
Pork, lbs. ...	—	234	—
Fish ...	—	2705	—
Offals ...	—	811	—
Sweets ...	—	84	—
<i>Nuisances and Defects.</i>			
Premises requiring repair ...	119	69	46
Premises requiring cleansing or limewashing ...	67	36	40
Defective W.C. fittings... ...	38	25	58
Defective yard surfaces ...	23	—	4
Defective eaves and downspouts ...	60	27	21
Defective sinks ...	45	14	11
Defective urinals ...	5	3	—
Defective manure pits ...	—	12	—
Animals improperly kept ...	—	2	1
Overcrowding ...	2	1	7
Offensive accumulations ...	10	39	24
Other nuisances ...	77	115	103
Informal notices served ...	92	151	101
Informal notices complied with ...	81	118	73
Statutory notices served ...	18	5	14
Statutory notices complied with ...	22	8	9
<i>Diseases of Animals Acts.</i>			
Visits made ...	49	23	21
Movement licences (within the Borough) ...	—	2	—
Movement licences (outside the Borough) ...	—	—	—
Reports to Board of Agriculture ...	—	4	8
Cautions ...	—	1	—
Prosecutions ...	—	—	—

TABLE G.

WORK DONE UNDER THE FOOD AND DRUGS ACTS, 1930.

		Samples.						
		Formal	Informal	Total	Genuine	Adulterated	Vendor cautioned	Vendor prosecuted.
Milk	...	76	—	76	70*	5	1	4
Butter	...	15	—	15	15	—	—	—
Lard	...	12	—	12	12	—	—	—
Ice Cream	...	5	—	5	5	—	—	—
Margarine	...	3	—	3	3	—	—	—
Cheese	...	4	—	4	4	—	—	—
Sausages	...	3	—	3	3	—	—	—
Coffee	...	2	—	2	2	—	—	—
Sweets	...	—	1	1	1	—	—	—
		120	1	121	155	5	1	4

* One sample "Broken in transit."

TABLE H.

CASES ADMITTED TO ALDERNEY HOSPITAL DURING THE YEAR 1930.

	Admitted from Borough	Admitted from other Districts	Died during the year	Total Number of cases admitted
Scarlet Fever	56	85	1	141
Admitted as Scarlet Fever, but proving to be otherwise	3	—	—	3
Diphtheria	214	65	7	279
Admitted as Diphtheria, but proving to be otherwise	8	2	—	10
Ophthalmia Neonatorum	1	—	—	1
Puerperal Fever	1	—	—	1
Erysipelas	1	—	—	1
Cerebro-spinal Meningitis	—	1	—	1
Measles	—	4	—	4
Paratyphoid Fever	2	1	—	3
Complications of Measles	—	2	—	2
Encephalitis Lethargica	—	1	—	1
Mumps	—	1	—	1
Total	286	162	—	448

2340-2341 ADMITTED TO ARDENNEY HOSPITAL DURING THE YEAR 1930

TABLE II.

[illegible]

TABLE I.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR, 1930.

Notifiable Diseases.	At all Ages	Number of Cases Notified.							Total Cases Notified in each Locality					Total Cases removed to Hospitals	
		Under 1 year	1 and 5 years	5 and 15 years	15 and 25 years	25 and 45 years	45 and under 65 years	65 and upwards	Ages not known	Hamp-worth	St. James	Long-fleet	Park-stone		Blank-some
		5 years	under 15 years	under 25 years	under 45 years	under 65 years	under 65 years	wards known							
Diphtheria	190	—	28	128	24	9	1	—	—	12	30	28	52	68	181
Scarlet Fever	63	—	9	42	9	3	—	—	—	12	8	12	14	17	59
Chickenpox	210	5	47	150	4	2	2	—	—	31	75	20	41	43	—
Pneumonia	12	1	1	3	3	2	2	—	—	1	6	4	1	—	—
Erysipelas	11	—	—	—	2	2	4	3	—	1	6	—	1	3	1
Puerperal Fever	3	—	—	—	1	2	—	—	—	1	1	—	—	1	1
Puerperal Pyrexia	2	—	—	—	—	2	—	—	—	1	—	—	1	—	—
Encephalitis Lethargica	4	—	1	—	—	1	2	—	—	—	—	2	2	—	—
Polio-myelitis	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	1	—	—	1	1
Typhoid (and Paratyphoid) Fever	7	—	—	5	1	—	—	1	—	1	1	1	4	—	2
Cerebro-spinal Fever	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Total	506	8	86	329	45	23	11	4	—	60	128	67	116	135	218

TABLE J.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers prosecuted. (4)
Factories (Including Factory Laundries) ...	103	2	—
Workshops (Including Workshop Laundries) ...	278	8	—
Workplaces (Other than Outworkers' premises)	27	1	—
Total	408	11	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of offences in respect to which Pro-secutions were insti-tuted. (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	22	23	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	1	1	—	—
Other nuisances	10	10	—	—
Sanitary accommodation insufficient	2	2	—	—
unsuitable or defective	9	9	—	—
not separate for sexes	1	1	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupations of underground bakehouse (s. 101) ...	—	—	—	—
Other Offences	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)				
Total	45	46	—	—

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

TABLE 1

1 - Comparison of Factors, Weibull and Workload
 (continued from page 10)

Factor	Weibull		Workload	
	Mean	Std. Dev.	Mean	Std. Dev.
Factor 1	1.0	0.0	1.0	0.0
Factor 2	1.0	0.0	1.0	0.0
Factor 3	1.0	0.0	1.0	0.0
Factor 4	1.0	0.0	1.0	0.0
Factor 5	1.0	0.0	1.0	0.0
Factor 6	1.0	0.0	1.0	0.0
Factor 7	1.0	0.0	1.0	0.0
Factor 8	1.0	0.0	1.0	0.0
Factor 9	1.0	0.0	1.0	0.0
Factor 10	1.0	0.0	1.0	0.0

2 - Data for Factors, Weibull and Workload

Factor	Weibull		Workload	
	Mean	Std. Dev.	Mean	Std. Dev.
Factor 1	1.0	0.0	1.0	0.0
Factor 2	1.0	0.0	1.0	0.0
Factor 3	1.0	0.0	1.0	0.0
Factor 4	1.0	0.0	1.0	0.0
Factor 5	1.0	0.0	1.0	0.0
Factor 6	1.0	0.0	1.0	0.0
Factor 7	1.0	0.0	1.0	0.0
Factor 8	1.0	0.0	1.0	0.0
Factor 9	1.0	0.0	1.0	0.0
Factor 10	1.0	0.0	1.0	0.0

PART II.

Port Sanitation

PORT MEDICAL OFFICER'S REPORT.

The Port of Poole includes, in addition to the Harbour proper and Poole Bay, all the landward area of waters enclosed by a line joining St. Alban's Head in the West with Hengistbury Head in the East.

The Medical Officer of Health for the Borough is also Port Medical Officer. Dr. G. Chesney, who holds the Certificate of the London School of Tropical Medicine, is Assistant Port Medical Officer, and these are assisted by Mr. P. W. Wheeler, Cert. R.S.I., M.S.I.A., Sanitary Inspector, who is also Sanitary Inspector for the Port. Close co-operation exists between the Officers of H.M. Customs, the Harbour Master, and the Medical Officer's Department.

With the development of the training bank, schemes for the deepening of the main channels, the provision of additional wharfage accommodation, and the opening of the new Bascule Bridge over the entrance to Holes Bay, statistics of the tonnage of incoming vessels should provide a useful practical indication of the results achieved.

The following figures give a summary of recent traffic returns :

Period.	Total Incoming Vessels.	Tonnage.	Average Tonnage.
1910-1913	1621	221551	136
1921	576	77460	135
1922	1085	160673	148
1923	1087	183697	169
1924	1141	190113	167
1925	1112	193782	174
1926	1093	182202	167
1927	1350	244343	181
1928	1370	257095	188
1929	1382	282479	204
1930	1369	276197	202

The fall for the year 1930 reflects in a slight degree the general trade depression.

The public quay accommodation consists at present of 2,700 feet frontage with 16 feet of water, and a further 1,500 feet frontage with 12 feet of water, at Low Water Ordinary Tides. Ships drawing 16 feet may navigate the Harbour from the Bar to any of the

regular discharging berths, either above or below the Bridge, at either High Water, Neaps, or Springs. The largest vessel entering the Port during the year was of 1,247 gross tonnage.

The phenomenon of double tides is a great asset to the Harbour of Poole, for although the rise and fall is very little, the tide stands so long at or near its highest level, from 6 to 7 hours, that the Port has the advantage of nearly 14 hours High Water out of the 24 hours.

There are also some 2,500 feet of private wharves, some of which are equipped with the most up-to-date transporting machinery. The Harbour benefits from the proximity of the Isle of Wight in that the four tides caused by its lie enable vessels of maximum draught to enter or leave the Port during 16 hours out of the 24.

1. *Amount of shipping Entering the Port during the Year, 1930.*

TABLE A.

		Number	Tonnage	Number Inspected		Number reported to be Defective	Number of vessels on which defects were remedied	Number of vessels reported as having, or having had, during the voyage, infectious disease on board.
				By the Medical Officer	By the Sanitary Inspector			
FOREIGN	Steamers	93	26351	3	76	6	6	1
	Motor	67	5692	—	54	8(c)	8(e)	—
	Sailing	29	1573	—	19	5(c)	5(c)	—
	Fishing	—	—	—	—	1(a)	—	—
Total Foreign		189	33616	3	149	20	19	1
COAST- WISE	Steamers	828	212472	4	360	23	23	—
	Motor	308	26616	—	67	10(c)	10(c)	—
	Sailing	44	3493	2	24	4(e)	4(e)	—
	Fishing	—	—	—	—	—	—	—
Total Coastwise		1180	242581	6	451	37	37	—
Total Foreign and Coastwise		1369	276197	9	600	57	56	1

II. *Character of Trade of the Port.*

(a) *Passenger Traffic.* There is a passenger service running between Poole, the Channel Islands and St. Malo. Apart from this, the passenger services are local, communicating between the Isle of Wight, Bournemouth, Poole, Swanage and Weymouth.

TABLE B.

Passenger Traffic During 1929.

No. of Passengers.				1st Class	2nd Class	3rd Class	Trans- migrants
INWARDS	{	Local	... ..	—	—	—	—
	{	France and Channel Islands	...	2631	—	30	—
	{	Other Oversea Countries	...	—	—	—	—
OUTWARDS	{	Local	... ..	—	—	—	—
	{	France and Channel Islands	...	2631	—	2	—
	{	Other Oversea Countries	...	—	—	—	—

The third-class passengers represent Onion-men, who return to their homes *via* either Southampton or Weymouth.

Poole is not an " Approved Port " for the purpose of control of transmigrants.

(b) *Cargo Traffic.* The bulk of the traffic during the year has been with France, Belgium, Germany, Channel Islands, Spain, Holland, Sweden, Norway, Denmark, Finland and Baltic Ports, in addition to English and Scottish Ports generally.

Imports from abroad were chiefly Timber, Stone, Slates, Manures, Mineral Waters, Building materials, Iron and Steel, Superphosphates, Vegetables and general cargoes ; and by coastal traffic, Coal, Cement, Oil, Petrol, Manures, Stone, Grain and general cargoes.

Exports were chiefly Clay, Oils, Coal, Stone, Oilcake, Petrol and general cargoes.

III. *Source of Water Supply.*

The water supply available for the Port and shipping is that of the Town Mains, which carry a chlorinated water of high bacterial purity from deep wells in the Corfe Hills in the vicinity. There are no water boats in use in the Harbour.

IV. *Infectious Diseases.*

(1) *Arrangements for detection of Infectious Disease on inward Vessels.* Masters of incoming ships report to H.M. Customs or Harbour Master, who are in direct telephonic communication with the Port Medical Officer.

(2) *Arrangements for notification to the Port Sanitary Authority of the arrival of inward vessels requiring special attention.* H.M. Customs Office and the Harbour Master are in telephonic communication with the offices of the Port Sanitary Authority direct. Immediate intimation of the arrival is passed by the former to the Port Medical Officer and Sanitary Inspector.

There are no local facilities for communicating direct with incoming vessels by wireless. It would be an advantage if all incoming vessels equipped with wireless were required to send a message stating the probable time of their arrival in the Port, and whether any infectious disease is known or suspected to exist on board.

(3) *Method of boarding vessels on arrival.* The routine observed in the case of a vessel arriving at the Port which has not a clear bill of health as regards infectious disease is as follows. The vessel is piloted to the "Approved Boarding Station"—off Stakes Buoy—where it is boarded by the Port Medical Officer, Sanitary Inspector and Customs Officer before anyone on board leaves the vessel. The Medical Officer, after making his inspection, gives his instructions in accordance with the provisions described below.

(4) *Arrangements for disposal of cases of infectious disease and for observation or surveillance of contacts.* The Port Sanitary Authority possess two Hospitals which are available for treatment of infectious cases, one at Alderney, near the landward boundary of the Town, and the other on Baiter Peninsular in the Harbour, the latter being reserved for Smallpox, Plague, Cholera and Yellow Fever.

(5) *Arrangements for disinfection of infected quarters, bedding, clothing.* Alderney Isolation Hospital is the disinfecting station for the Port. The steam disinfector available there is of the jacket type, working to 40-lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham. Four whole-time employees skilled in methods of disinfection are available on emergency, with equipment for formaldehyde and sulphur vapour treatment of quarters and articles not suitable for treatment by steam.

(b) *Arrangements for cleansing of persons.* Alderney Isolation Hospital is also the Disinfestation Station for the Port, for cleansing and disinfesting verminous persons. Here a block, with reception, bath, and discharging rooms, is available, while clothing, etc., are treated by steam disinfection.

(7) *Arrangements for ambulance transport.* A motor ambulance maintained at Alderney Isolation Hospital, and in direct communication by telephone, is available. This vehicle can take one lying-down and two sitting cases, in addition to driver and nurse or attendant.

(8) *Arrangements for detection and treatment of Venereal Disease amongst Sailors.* Under the International Agreement regarding Venereal Diseases, suitable notices are available for all crews arriving in the Port, being issued to the Captain at first call. The Port Medical Officer is available for emergency advice. The local Treatment Centre is at the Victoria and West Hants Hospital, Boscombe, and to this all suitable cases are directed, with printed guidance. If an affected sailor is in Port only for a very short time, he is advised as to the site of the Centre at his next port of call. Two seamen applied for treatment under this Agreement, and were directed to the local Treatment Centre.

(9) and (10) *Arrangements for bacteriological examination of rats and other material.* The Port Medical Officer is also Director of the Public Health Laboratories of the Sanitary Authority, where facilities exist for all routine and special examinations of bacteriological or pathological significance. The Laboratories are central, and in direct telephonic communication.

Cases of infectious sickness. No cases of infectious sickness occurred on vessels during voyage or were disposed of prior to arrival, and no cases were landed at the Port, during the previous five years. In 1930, one case of Paratyphoid Fever in the person of a French onion-seller was admitted to Hospital.

V. *Measures against Rodents.*

(1) *Steps taken for detection of Rodent Plague.* Vessels are inspected on arrival, the master being interrogated. Periodical inspection of wharves, warehouses, etc., is made in the course of routine duties by the Sanitary Inspector and one of the Authority's ratters.

(2) *Measures taken to prevent passage of rats between ships and shore.* Zinc hawser baffles are maintained in store for this purpose.

(3) *Methods of deratisation of*

(a) *Ships.* Sulphur dioxide fumigation is used.

(b) *Premises in vicinity of docks or quays.* Red squills, phosphorus, etc., are used, in accordance with experience gained as to suitability of bait. In this respect, see General Public Health Section.

(4) *Measures taken for the detection of rat prevalence in ships and on shore.* Detritus from gnawing, and rat excreta, are searched for in suitable places during periodical inspections.

TABLE F.

Rats Destroyed during 1930, on Vessels—Nil.

In Docks, Quays, Wharves and Warehouses :

Number of	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Black Rats ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Brown Rats ...	—	5	10	—	—	—	8	—	—	—	—	—	23
Species not re- corded ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats examined ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats infected with Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—

No vessels have arrived direct at the Port during the year from a port infected with, or suspected to be infected with Plague, Cholera, Yellow Fever, Small Pox, or Typhus.

All ships visiting the Port were clear of rats when inspected and there was no call to subject a vessel to measures of rat destruction during 1930.

Hygiene of Crews' Spaces.

TABLE J.

Classification of Nuisances.

Nationality of Vessel.	Number inspected during 1930	Defects of original construction	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British ...	457	—	—	37
Other Nations	152	1	—	19

VII. (1) Food Inspection.

There are no imports of foodstuffs, except the marketing of onions and some potatoes from France.

The Authority's Analyst is available for examinations and reports, in addition to the local Public Health Laboratory service.

(2) *Shellfish.* Oyster fishing has been a staple industry of the District from time immemorial. There is evidence that Poole oysters were a relished delicacy even to the epicurean palate of the Roman visitors to these shores nearly 2,000 years ago.

The difficulty which had been met in recent years in maintaining a supply of oysters above reproach as edible shellfish was the result of the growth of the popularity of the District, and the presence close to the shores of the Bay and Harbour, of a population of some 200,000 inhabitants. The oyster is naturally a pure vegetarian; it has considerable defensive powers against contamination from external sources, and, if placed in favourable circumstances, will effectually cleanse itself of any doubtful taint. Hence the present position of the trade in Poole oysters, viz., that oysters dredged from the Harbour generally shall be relayed at an approved area—the re-laying beds at Shipstal, in the Arne Reach of the Harbour—as a prior condition to their sale in open market.

Tests periodically carried out in the Borough Public Health Laboratories on samples of those which have been so relaid for a period of fourteen days, show them to have become by the process, a clean, marketable oyster capable of holding its own with the product of Whitstable and other reputed beds. The actual Laboratory tests carried out give the results in accordance with expectation, and show the dependability of the re-laying process at the Shipstal Beds.

The only test made during 1930 was as follows :—

Oysters from Hook Sands--

No. of Lactose-fermenting organisms, over 200
per oyster=100% unclean.

The close season extends from 15th May to 30th September each year.

The following extracts from the periodical Reports of the Chief Fishery Officer of the Southern Sea Fisheries District Committee and of the Committee itself indicate the present condition of the Oyster industry as it affects Poole.

Quarter ending 27th March, 1930.

"No licences to dredge oysters have been issued during the past season. The explanation of this is doubtless to be found in the experience gathered in the previous year when the frost

took toll of large numbers of oysters that had been dredged and relaid at Shipstal."

Quarter ending 17th July, 1930.

"The prescribed time for the dredging of oysters expired on the 14th May last. Having regard to past seasons the resuscitation of the oyster fisheries must necessarily be gradual. With the advent of bright sunny weather it is reasonable to expect a good spatting season, and the recurrence of a few of such seasons would considerably help to restore the oyster grounds to the original condition. Good prices have been realised for the oysters taken during the past season"

"The number of oysters taken from the fishery during the past season is somewhat less than the total number sanctioned. The grounds were to some extent cleansed, and 263 bushels of slipper limpets have been landed and destroyed."

Quarter ending 16th October, 1930.

"Very few oysters have been taken during the current oyster season. The cool and unsettled weather during the past summer is likely to be responsible for a continuance of the depressed conditions of the oyster fisheries."

"It was recommended that sanction be given authorising the dredging during the current season of a total number of 25,000 oysters from the Fishery for the purpose of being deposited on the laying grounds comprised in the lease granted to the Poole Fishermen's Society Limited, with power for the Chairman to sanction the dredging of additional oysters if he should in his discretion think that further dredging should be allowed during the current season."

PART III

Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

LIST OF COMMITTEE, 1930.

The Worshipful the Mayor :
COUNCILLOR C. GREY-EDWARDS.

Chairman :
COUNCILLOR MISS C. H. J. PATERSON, J.P.

Vice-Chairman :
COUNCILLOR H. Y. SALKELD.

Members :
ALDERMAN J. C. W. JULYAN, J.P.

COUNCILLORS :
G. S. BROWN D. A. HAYNES
R. H. MILLEDGE W. G. HECKFORD
W. J. STICKLAND F. W. OSTLER
A. W. WELFORD.

Co-opted Members :
REV. R. FAWKES MRS. FAWKES
MRS. TATHAM MRS. SANSOM
MRS. ROBERTS MISS S. L. LEWIS

INTRODUCTORY.

The more the general physical condition of the community is studied, the more we try to probe into and to eradicate the causes which act as a drag on healthy adolescence, whether in the home, in the school, or in the factory, the further back we are driven in our search for a means to fight these root causes, until we are forced to the conclusion that it will not do to wait until the school age to commence investigation and treatment. The beginnings of defective eyesight, of defective teeth, of "mouth breathing," are to be sought for and counteracted in the infant.

The "adenoid face" is reflected in the mother's bosom. It is not sufficient that the mother should breast-feed her baby. It is necessary that she should know the correct way to do it, and how she can keep herself fit to continue the process.

This is education, and education means not elementary lectures on Physiology, but "bringing out," as the word implies, what is latent in every expectant mother, the capability of rearing a healthy child on lines that nature, and not artifice, indicates.

But if the expectant mother herself is physically handicapped, should she be allowed to run unguided into a danger which may cost two lives?

And, in so far as this work fails to reach that section of potential motherhood which is either too poor, too timid to seek advice, thoughtless, improvident, involuntarily ignorant, or unconscious of impending difficulty, so far will it fail in its purpose.

ORGANISATION.

The Medical Officer of Health is also Medical Officer for Maternity and Child Welfare. He is assisted by Dr. G. Chesney, Assistant Medical Officer of Health, and five full-time Health Visitor-School Nurses, who work on the district allotted to each, visiting the newly-born and children up to five years of age, giving advice to mothers and expectant mothers, and referring them, when necessary, for medical advice either to a Practitioner or to a Clinic or Centre.

Ante-natal and Post-natal Clinics are held at the Municipal Buildings, Poole on Mondays at 4 p.m. and on Thursdays at 11 a.m.; and at the Branksome Council Buildings on Tuesdays and Fridays at 2 p.m., where expectant mothers, nursing mothers and their children, who for one reason or another do not attend either a family doctor or the Voluntary Association Centres, can interview the Medical Officer. The Health Visitors assist.

These Clinics, in conjunction with the home-visiting by Health Visitors, form a focus of investigation and assistance which leads in suitable cases to :—

- (a) reference to a General Practitioner, the out-patient department of a Hospital, a Dispensary, or a Voluntary Centre ;
- (b) the issue of milk or dried milk—free or at reduced rate, either for mother or baby ;
- (c) admission to the maternity ward of Cornelia Hospital for some ascertained or expected complication of pregnancy, or occasionally where normal confinement cannot, from lack of suitable accommodation, be safely carried out at home ;
- (d) admission to the infants' ward at Cornelia Hospital in suitable cases of debility, wasting, etc. ;
- (e) admission to the Isolation Hospital in suitable cases of Puerperal Sepsis or Pyrexia, Ophthalmia Neonatorum, Measles complicated by Bronchitis, etc.

The ante-natal side of this work is closely co-ordinated with the Obstetrical and Gynaecological Clinics of Cornelia Hospital, where also is the Maternity Ward.

Acting in close co-operation with the Health Department, the Borough of Poole Maternity and Child Welfare Association, formerly the Poole Mothers' Association—an old established body of voluntary workers—is a valuable asset in the advancement of health in the town. It is subsidised by the Borough Council, has the advantage of the services of six local practitioners, and two dental surgeons, and the assistance of the Borough Health Visitors, who, with a salaried Superintendent (C.M.B.) and many voluntary helpers distribute their energies over five centres and Schools for Mothers, in the Poole, Longfleet, Newtown, Branksome and Heatherlands districts.

Particulars of the facilities are posted up, by arrangement with the Postmaster General, in the local Post Offices, and also in other meeting places and Institutions.

RECOVERY OF COST OF MATERNITY AND CHILD WELFARE HOSPITAL SERVICES.

Maternity Cases coming under the Scheme are of two kinds, (1) emergency, and (2) anticipated.

Bearing in mind that the principle involved is the reduction of maternal and infant mortality, emergency cases are admitted to

Hospital on representation by a Medical Practitioner in attendance to the Medical Officer of Health that the case is a suitable one, and one in which delay would endanger the life of mother or of baby or of both.

After admission, enquiries are made in all these cases as to nature of husband's employment, total income, whether entitled to single or double maternity benefit, number in family, number of rooms in house, rent, etc.

It is found in some cases that a considerable doctor's bill has already been incurred, before the decision to seek admission into hospital is made.

With the qualification that poverty is not to be a bar to admission, it is obviously difficult to lay down a fixed basis which could equably be applied to any two successive cases. With a known fixed scale, many cases would be deterred from undertaking the expenditure, preferring to take the risk under home conditions.

The maternity grant, where earned, is in all cases taken as part payment.

In anticipated cases, i.e., those which by visits to ante-natal clinic have been found to offer possibility of difficulty or danger, or where home accommodation is inadequate or unsuitable, the above scheme of enquiries is applied, and a signed agreement as to the husband's preparedness to pay the whole, or any part adjudged by the Medical Officer of Health, of the Hospital expenses, is obtained before admission of the case.

Experience, however, has shown that cases expected to be normal have ultimately presented some complication which has necessitated the retention of the case, not for the usual fortnight, but for four or five weeks.

An anxious husband may have been attempting to save up for the expected expenditure—having tried to ascertain what that is likely to be—and having signed his agreement on the above basis is relieved from a certain amount of anxiety.

In *Child Welfare Cases* the financial condition of the parents is ascertained to be such as to preclude the possibility of the child receiving the required treatment in ordinary course.

There remains, however, the class of case still deserving of treatment on the principle of life saving, where the parents either through ignorance, inexperience, indifference or thriftlessness

would defeat the principle if left on their own responsibility for the welfare of the child.

It results that the income side of the account in this respect usually remains negligible.

WORK DONE UNDER THE BOROUGH SCHEME.

The Medical Officer of Health and his staff have carried out the following work during the year.

(1) *Home Visiting.* The Health Visitors, and the Medical Officer where considered necessary, have paid 385 visits of advice to expectant mothers, and 6671 visits to infants and children under school age.

(2) *Ante-natal, Post-natal and Infant Welfare Clinics.* The Medical Officer or the Assistant Medical Officer personally attends all Clinics. At these, advice, and, where advisable, treatment, have been given to 191 expectant or nursing mothers, who made 1,270 visits to the Clinics; to mothers on behalf of their children in 480 individual cases, who made 3,324 clinic visits. These attendances are practically the same as those of 1929, viz., 1,271 and 3,328 respectively.

In the ante-natal care of mothers, examination of urine is made every three weeks in the last three months. 60 such examinations were made in all.

Records of blood-pressure are also kept, as an adjunct in anticipating possible complications.

There is also established at Cornelia Hospital in co-operation, on Thursday afternoons, an ante-natal clinic, at which the expectant mothers who are waiting admission to the Maternity Ward under the Scheme meet, and are examined and kept under observation by, the Obstetrician who will attend them during their stay in the Ward.

The Hospital records show that of 67 expectant mothers attending the Hospital Ante-natal Clinic 57 were referred from the Municipal Clinic, 9 by general practitioners, and one by a practising midwife. Those referred by the Medical Officer made 208 such attendances. Ultimately 56 of those referred under the Borough Scheme passed through the Maternity Ward.

(3) *Issues of Milk and Dried Milk.* In certain cases and under close supervision, dried milk is sold at cost price for use of infants where for definite reasons the mother's milk is not available, or where seasonal conditions render ordinary cow's milk undesirable. This part of the Scheme is self-supporting, but no profit accrues.

Cows' milk at reduced rates, or free issues of cows' milk, are allowed—in most cases to the amount of one pint per individual per day—where the household income does not exceed a sliding scale approved of by the Ministry of Health. It has been granted, usually in four-weekly periods and renewable, in 133 cases, an increase of 21.

In some cases the issues commenced with those expecting to become mothers within three months, or with mothers nursing their infants whose breast milk showed signs of insufficiency.

In suitable cases the milk was continued for the direct benefit of the infant, where for an ascertained reason the mother's milk was not available or suitable, and in a selected few the issue was carried into the second year, where home conditions were handicapping the child.

(4) *Hospital Services for Maternity and its Complications.* Accommodation is provided at Cornelia General Hospital and at the Borough Isolation Hospital (for Puerperal cases).

In 1930, 56 cases were admitted, as compared with 59 in 1929. 32 of the admissions were cases of emergency, of which three required the Caesarean operation. There were, amongst these 32, one infantile death and 4 stillbirths. There were 22 live births in the 24 "accommodation" cases, two cases not being delivered.

It is worthy of note that, of the 22 births last referred to, instruments and a general anaesthetic were used in 7 instances.

(5) *Hospital Treatment under Child Welfare Scheme.* Five infants have received attention as in-patients at Cornelia Hospital or at Alderney Hospital. Details are to be found on next page.

HOSPITAL ADMISSIONS.

Maternity.

No.	Nature.	No. of Deliveries.		Deaths.				Abortions.		
				Maternal.	Infantile.		Stillbirths.			
					M.	F.			M.	F.
1	Antepartum Haemorrhage	...	...	1	—	—	—	—
2	Placenta Praevia	...	...	—	—	—	—	—
1	Placenta Praevia (Caesarean)	...	...	1	—	—	—	—
10	Contracted Pelvis	...	...	6	4	—	—	—
2	Contracted Pelvis (Caesarean)	...	...	2	—	—	—	—
1	Albuminuria	...	...	—	1	—	—	—
1	Eclamptic Fits	...	...	—	1	—	1	—
1	Previous Miscarriages	...	...	—	1	—	—	—
2	Malpresentation	...	...	1	1	—	—	—
4	Concurrent Ill-health	...	...	2	2	—	—	—
1	Glycosuria	...	...	1	—	—	1	—
5	Expected Complication	...	...	2	2	—	—	—
1	Marked Haemorrhoids	...	...	—	1	—	—	—
24	Accommodation	...	...	11	12	—	—	—
56				28	26	—	1	4	1	—

HOSPITAL ADMISSIONS—(contd).

Infants.

Provisional Diagnosis	Discharged.			Remaining in Hospital.	Died.	Total.
	In Good Health.	Improved	No Im- provement			
Marasmus, Nutritional ...	—	1	—	—	1	2
Congenital Cardiac ...	—	—	—	—	1	1
Ophthalmia Neonatorum ...	—	—	—	1	—	1
Prematurity ...	—	—	—	1	—	1
Total ...	—	1	—	2	2	5

OPHTHALMIA NEONATORUM.

This threatened blindness in the newly-born child from a damaging infection of the eyes was found in one infant.

That the incidence of this disease is being well held in check is shown by the fact that since 1921 the number of cases annually has been 21, 9, 5, 4, 4, 3, 2, 4, 1 and 1 respectively.

Treated.		Result.		
At Home.	At Hospital	Vision Unimpaired.	Vision Impaired.	Total Blindness.
—	1	1	—	—

MIDWIVES ACTS, 1902-1926.

On October 1st, the Council became the Local Supervising Authority by transfer from the County Council.

There were at the end of 1930, 28 midwives on the practising Roll, distributed as follows :—

Living in and practising within the Borough	...	12
Living outside, and practising within the Borough		6
Living and practising in Institutions in the Borough	... ..	10
		—
		28
		—

Between these dates, medical aid was summoned in 17 cases.

CHILDREN ACT, 1908 (PART I).

The duties of supervision of children boarded out with foster mothers were taken over on 1st April, 1930.

With the general supervision of the Medical Officer, each of the five Health Visitors is an authorised Inspector under the Act, and their work under this Act is closely associated with that carried out for the Maternity and Child Welfare Scheme generally, many of the foster mothers making regular attendance at either clinic or a voluntary Centre.

There are 63 foster children on the Register.

NURSING HOMES REGISTRATION ACT, 1927.

The work of supervision under this Act was transferred to the Borough, from the County Council on April 1st, 1930.

There are 10 institutions on the Register, one being exempt and 9 subject to supervision, of which latter 4 are described also as Maternity Homes. These are in charge of qualified midwives subject to supervision under the Midwives Acts.

VOLUNTARY WORK.

The Borough of Poole Maternity and Child Welfare Association. The workers of this Association, which is subsidised by the Borough and is under the guidance of the Medical Officer and the Health Visitors, continue to give most valuable support to the aims of the Municipal scheme. It is now in the 23rd year of its activities, and is one of the pioneers of this work in the country.

Drs. Laura Horne, Katherine Andrew, Bowes, Mackwood, Slater, Walker and Storrs have held during the year 136 medical consultation clinics, at which 3,898 attendances were made by 467 infants and young children. 447 mothers made 6,440 attendances at the five Centres, where 83 Health Talks were given, amongst the other activities of the Association. In the "Toddlers'" Nurseries there were 6,560 attendances. The Superintendent paid 1,247 visits to homes. The number of mothers attending increased by 57 during the year.

The activities of the Association include a Maternity Provident Club, Savings Bank, Dental Club, Sale of Children's Garments, and loan of Sick Room requisites, bed linen, packs, etc.

INFANTILE MORTALITY.

In 1929, 42 infants under one year of age were lost, out of a total of live births of 905. This gave a mortality rate of 46.3 deaths for each 1,000 births, and was the lowest achieved by the Borough.

Compared with this record, the year shows a definite set-back, while the infant death rate for the country as a whole has fallen from 74 in 1929 to 60 in 1930.

In Poole there were 54 deaths in 1930, in 938 live births, three of which (triplets) occurring on the last day of the year will, on the Registrar General's tables, be debited to 1931. The corresponding death rate per 1,000 births was 57.6. Examination of the cause of death in these (see Table C) as certified by the medical attendant in each case, shows that 37 of the total were directly or indirectly due to some ante-natal cause affecting the mother, which prevented the children from entering the world with a fair chance to survive. In the previous year there were 22 such out of 42.

There were also 37 stillbirths not included in the above figures, and these have to be added to the toll of infant life sacrificed to abnormal ante-natal maternal conditions. So that altogether

74 potential lives were lost on this account, as compared with 58 in 1929.

33, or 61 per cent. of the whole, did not survive one month, and are described as neo-natal deaths. Each year over one-half of the infant loss is thus in the first month of life. No fewer than 32 of this 33 died from ante-natal causes. Of this 33, 27 were under one week at the time of death.

It would be futile to suggest that any form of organised Health activities could hope to wipe out this wastage. There are too many factors at work, human nature included. But what we can hope for is that the development of accessible Centres for ante-natal advice, and of maternity facilities freed from the anxieties of awkward home conditions, with advisers whose personality and experience can spread mutual and general confidence, will result that the girl of to-day, who has grown to girlhood with a more active appreciation of the laws of Health and Hygiene, may in her motherhood be spared many of the avoidable mischances of the past.

DEATHS OF CHILDREN FROM 1—5 YEARS.

I repeat below a comparative Table which shows from year to year the proportion of deaths of infants under 1 year and of children under school age. It will be seen that the reduction in loss of infant life, as indicated by the gradual fall in the percentage of infant deaths compared with the total deaths, is not, as some critics would assert, merely a postponement of death into the second year of life. The reduction in the percentage loss of "toddlers" over the period reviewed is greater than that achieved for infants, which goes to show that to whatever causes the improvement in the infant's chance of life is due, these are sufficiently sound to gain enhanced effect as the child grows older. It is not too bold a claim to assert that Maternity and Child Welfare Work is one of these causes.

Year	Popula- tion.	Births	Deaths under 1 year	Per cent. of Total Deaths	Deaths 1—5 years	Mean Deaths 1—5 by four- yearly groups.	Per cent. of Total Deaths	Deaths over 5	Per cent. of Total Deaths	Total Deaths
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1907	32518	895	68	16.3				316	75.8	417
1908	33217	880	87	19.4	43			318	71.0	448
1909	33524	933	83	17.8	40			343	73.8	468
1910	34168	884	73	16.8	43			318	73.3	434
1911	39102	936	118	21.6	45	42.75	9.0	384	70.2	547
1912	40386	918	81	17.7	28	39.00	8.2	348	76.1	457
1913	41066	910	75	16.6	23	34.75	7.4	354	78.3	452
1914	41889	883	68	14.1	38	33.50	6.9	375	77.9	481
1915	42800	812	76	14.6	38	31.75	6.6	406	78.1	520
1916	42331	840	64	12.0	43	35.50	7.1	428	80.0	535
1917	42335	690	58	11.0	40	39.75	7.7	432	81.5	530
1918	43829	680	55	9.4	36	39.25	7.2	491	84.4	582
1919	41100	769	48	9.1	21	35.00	6.4	458	87.0	527
1920	43400	1024	77	16.4	13	27.50	5.2	381	80.9	471
1921	43649	951	70	13.4	9	19.75	3.8	442	84.8	521
1922	43250	865	69	11.1	32	18.75	3.5	522	84.1	623
1923	43860	845	51	9.8	18	18.00	3.4	454	86.8	523
1924	45150	814	54	10.3	21	20.00	3.9	450	85.7	525
1925	46150	837	60	11.1	20	22.75	4.2	462	85.2	542
1926	49150	861	46	8.3	11	17.50	3.2	496	88.7	553
1927	51030	895	52	8.3	9	15.25	2.4	567	90.3	628
1928	52940	916	46	7.4	22	15.50	2.5	553	89.1	621
1929	53870	905	42	5.9	27	17.25	2.4	640	90.5	709
1930	56150	939	54	7.9	19	19.25	2.8	623	59.5	696

MATERNAL MORTALITY.

There were two deaths during the year from Puerperal Fever, and three mothers were notified as having died from other complications.

PART IV.

School Medical Service.

SCHOOL MEDICAL SERVICE.

LIST OF EDUCATION COMMITTEE, 1930.

Chairman :

ALDERMAN H. S. CARTER, J.P.

Vice-Chairman :

COUNCILLOR S. A. PHILLIPS.

Aldermen :

F. J. BACON, J.P.	A. E. F. CORNWELL
J. C. W. JULYAN, J.P.	H. J. COLE

Councillors :

MISS C. H. J. PATERSON, J.P.	W. C. J. SHORTT
G. W. GREEN, J.P.	A. H. JOHNSTON
A. W. WELFORD.	

Co-opted Members :

MISS BARNES	MISS BUDGE
MISS L. E. BARKER	H. W. HICKS
J. W. WHITE	J. STANLEY LITTLE
A. J. MOCKRIDGE	E. LACK

PREFACE.

Ladies and Gentlemen,

I have the honour to present to you my tenth Annual Report on the School Medical Service of the Borough.

The reorganisation and redistribution of existing Schools and the construction of additional Schools, together with accommodation for the mentally retarded school child, is still receiving your attention.

Close co-ordination continues to be maintained between the School Medical Service and the Child Welfare Scheme of the Borough, in the hope that this will help to reduce the large number of defects found already to exist in the young school child of 5 years at its initial overhaul. The working organisation for both services is the same both in personnel and in aim.

As to the general school health for the year, the chief handicap to a high attendance figure has been the persistence into 1930 of the severe type of diphtheria which characterised 1929. The average percentage attendance throughout the year was 88.05, compared with 89.3 for the previous five years.

I have to thank again all who have assisted in the work, whether in Council, in the Schools, in Clinics, or in Office.

I am,

Your obedient Servant,

R. J. MAULE HORNE,

School Medical Officer.

PRELIMINARY.

There are in the Borough sixteen Elementary Schools, with a total of 35 Departments. The accommodation is for 6,737 children, and there are some 6,572 names on the registers—a decrease of 227. The above figures include the Russell-Cotes School, although, having its own Medical Officer, this School does not appear in the figures affecting the School Medical Service proper.

The fact that the School Medical Officer is at the same time Medical Officer of Health, in charge of the Borough's Maternity and Child Welfare Scheme, and Medical Superintendent of the Borough Isolation Hospitals, admits of a unification of control, a continuity of effort, and a possibility of "following-up," which becomes more difficult of achievement in a community of larger numbers.

A School Medical Service is firstly preventive, secondly advisory, and thirdly remedial. In its preventive aspect, its function is to keep healthy children well, and to safeguard them where possible from unhealthy contact. In its advisory aspect, its function is to detect incipient or unknown ill-health in the school child, and to direct it to its proper curative guide, the family doctor. The remedial aspect takes shape in two forms—(a) to deal with such minor ailments as do not in themselves demand a doctor's services, but which, if left uncontrolled, may ultimately become more serious, to the detriment of educational progress, and (b) to organise a scheme of treatment for crippling defects of a more specialised nature, which, though requiring expenditure prohibitive in many individual cases, yet when so organised can be economically brought within the reach of all whose health would benefit by its application.

As being special in nature, the defects require specialised treatment, hence the co-operation in the scheme of the services of the local specialists in each sphere—the Eye, the Nose and Throat, the X-Ray, and the Dental Specialist.

To carry the service into effect in as complete a manner as possible, the work is sub-divided into :—

- (1) Routine and Special Inspections by the School Medical Officer, the School Nurse, and clerical assistance.
- (2) Class-by-class inspections by School Nurses.
- (3) Clinics for advice and treatment.
- (4) Following up.

Medical Inspections. To systematise this work, all children at entrance and at fixed age periods in their curriculum are thoroughly examined. Parents are in all cases invited to be present. Children who are found to have some definite defect or defects are scheduled as "specials" for re-examination every three months, unless in the meantime the defects which can be so cor-

rected have been attended to either by the parents' arrangements with the family doctor, or by means of the School Clinic system in operation.

These medical inspections apply at present to Elementary Schools only.

Class-by-class Inspections. The School Nurses visit Schools periodically for the purpose of making rapid surveys of general scope, such as personal cleanliness, to detect undesirable, contagious or possibly infectious conditions, and to act generally in co-operation with the School Staff in preserving the general health tone of the Schools.

Clinics. Facilities for advice and treatment are provided as follows :—

(a) *Minor Ailment Clinics.*

- (i) Poole Council Buildings. Each School day at 9 a.m.
- (ii) Branksome Council Buildings. Each School day at 9 a.m.

Every child sent to the Clinic by General Practitioner, by School Head, by School Attendance Officer, or by Parent, is seen by the School Medical Officer, who determines whether each is a suitable case for clinic treatment, and if so, arranges for treatment accordingly. If the defect is of a special nature, calling for the services of a specialist, the child in course receives attention at one of the following operative Clinics :—

- (b) *Dental Clinic.* Poole Council Buildings: Mondays, Wednesdays and Fridays, 2 p.m.
- (c) *Eye Clinic.* Cornelia Hospital: each Tuesday at 3.15 p.m.
- (d) *Nose and Throat Clinic.* Cornelia Hospital: each Thursday morning at 10.30 a.m.; with in-patient accommodation for such cases as are considered suitable for retention in Hospital.
- (e) *A-Ray Clinic for Treatment of Ringworm* Cornelia Hospital: each Monday afternoon at 3 p.m.

For the protection of children against the dangers of Diphtheria, an immunisation clinic was opened in October, 1929, and is held at the Poole Minor Ailment Clinic on Tuesdays at 11 a.m.

For the abnormal child—the dull and backward, the deaf, the blind or partially blind, the cripple and the mentally retarded—the aim is to arrange in suitable cases for admission to a special class, School or Institution, where the child's disability may present the minimum of disadvantage to himself and those around him, and offer the best chance of progress.

EMERGENCY DRESSING OUTFIT FOR ELEMENTARY SCHOOLS

The following instructions issued to Heads of Elementary Schools explain the operation of this outfit, which was introduced in 1926 :—

BOROUGH OF POOLE. SCHOOL MEDICAL SERVICE. EMERGENCY DRESSING OUTFIT.

1. This box when issued contains the following :—

1 kidney basin	1 package 2½in. bandages.
1 pr. Forceps.	1 roll Boric Lint.
1 pr. blunt-pointed Scissors.	1 bottle Tincture of Iodine.
1 package safety pins.	1 bottle Boric Acid crystals.
1 package 1½in. bandages.	1 Iodine brush.
2. Applications for fresh supplies of expendable contents should be made to the SCHOOL MEDICAL OFFICER, PUBLIC HEALTH DEPARTMENT, MARKET STREET, by written requisition signed by the Head of School or Department.
3. School Staffs will please note that this outfit is not designed to be an alternative to Minor Ailment Clinic attendance and treatment, and is not to be used as such.

It is provided solely to allow of IMMEDIATE FIRST ATTENTION ONLY being given where considered necessary, until such time as the condition can be seen by the family Medical Attendant or the School Medical Officer.

R. J. MAULE HORNE,
School Medical Officer.

GENERAL REVIEW OF SCHOOL MEDICAL EXAMINATION

During the year 537 Entrants, 668 children of the age of 8 (Intermediates), and 416 children of the age of 12 (Leavers) were examined by the School Medical Officer—a total of 1,621, as compared with 1,828 in 1929.

In addition 3,933 special Clinic and 403 special School inspections were made, with 8,068 subsequent re-inspections—a total of 12,404, compared with 10,864.

Apart from this, the School Nurses paid 387 "Rapid Inspection" visits to Schools, covering in these inspections 43,976 children, and passing on to the Clinics for necessary advice or treatment 722 of the children seen.

1143 visits were made to the homes of School children in connection with the occurrence of infectious diseases.

In the work of "following-up," visits to the home were made as follows :—

For Uncleanliness	73
Diseases of Skin	42
Diseases of Eye	13
Diseases of Ear	14
Diseases of Nose and Throat	282
Dental Defects	29

Clothing and Footwear. Of 1,621 children examined, 5 were found definitely unsatisfactory in this respect.

Nutrition. 86 of the 1,621 were below normal, and of these 15 were below par to such an extent as to render the way easy for permanent or chronic ill-health.

Uncleanliness. 218 of the 1,621 children were found to have nits of the head louse in their hair. 48 had prominent marks of the bites of fleas. In some cases both conditions were present. The figures were 198 and 79 respectively in the 1,828 children examined in 1929. Two children had head lice, but none were found with body lice. In 7 the skin was in an unclean condition. This leaves much to be desired, and it is hoped that as the young generation grows up education in personal cleanliness will remove this stigma.

Teeth. The figures given below are the results of the School Medical Officer's inspection, not of the Dental Specialists, and are given to show the general trend of the results.

Percentage with	1926	1927	1928	1929	1930
All teeth sound ...	44.2	37.4	54.0	53.7	49.7
1—3 defective ...	35.1	37.2	29.5	29.9	29.0
4 or more defective ...	20.7	25.4	16.5	16.4	21.3

The round 20 per cent. at the bottom of the scale are to a great extent "irreconcilables," who are likely to remain in spite of advice and teaching.

Apart from these irreconcilable objectors, inspection shows that even by the age of five years the temporary teeth have been the victims of injudicious training and diet to such an extent as seriously to interfere with successful effort on the part of the Dentists to preserve them.

Education of the parent in the sphere of child welfare has not up to the present penetrated sufficiently with regard to suitable diet for and care of the milk teeth.

The following figures for the year show both the high ratio of decay in the young children and the desirable results of the Dental Scheme in the older scholars.

	Entrants	Intermediates	Leavers	Total
Examined ...	537	668	416	1621
Teeth sound ...	225	278	303	806
1—3 decayed ...	135	237	98	470
4 or more decayed	177	153	15	345

Skin. In 1929 no Ringworm, 7 cases of Impetigo, and 32 minor skin defects were found. In 1930 the figures are 3 cases of Impetigo, 1 case of Scabies, 1 of Ringworm and 32 minor defects.

Eyes. 126 of the 1,621 children examined had defective vision, while 25 had squint. 7 children had Blepharitis and 5 Conjunctivitis at the date of examination.

Ears. Two of the children examined had some degree of deafness, but not to a degree to hamper their progress in an ordinary school.

A history of intermittent Otorrhoea was found in 17.

Nose and Throat. 241 of the 1,621 children showed unhealthy Tonsils, in 15 cases definite Adenoid growths also existed, and in 7 both conditions were present.

It is a noticeable feature that, where the derangement of the tonsils was not due to a temporary cold or sore throat, the more aggravated and chronic enlargement in most cases coincided with a mouthful of bad teeth.

Enlarged Glands in the Neck. 124 children out of 1,621 were found on examination to have glands which were then or had lately been reacting to some unhealthy condition of scalp, ears, throat or teeth.

Defective Speech. 6 cases of stammering, of mild degree, were found.

Heart and Circulation. 2 children suffered from Organic Heart Disease, while a further 38 showed a functional derangement.

Three had a noticeable degree of anaemia.

Lungs. 28 of the 1,621 children were subject to recurrent Bronchitis. 24 could be described as "pretubercular" and suitable for an Open-Air School.

Nervous System. Two cases of disease of the nervous system were found.

Deformities. Among the 1,621 children, 2 suffered from a slight form of Rickets, one from Spinal Curvature, and 17 from other forms of deformity.

Other Defects. Seven cases of Hernia were found.

"Specials". Of 403 specials re-examined, the defective condition previously found had been completely rectified in 80. In a further 92 the condition was definitely improved, and in the remaining 231 no change could be observed.

Vaccination. In accordance with recent instructions on Vaccination issued by the Ministry of Health, one or more marks are now accepted as evidence of effective Vaccination. In 1930 :—

of 537 children under 8 examined, 24.5 per cent. were found to be vaccinated ;

of 668 children of 8, 21.5 per cent. were found vaccinated ;

of 416 children of 12, 22.8 per cent. were found vaccinated.

Attendance of Parents. The parents of all children are requested to attend at the inspections, so that in cases of abnormal conditions an accurate history of the defect can be ascertained, and suitable advice given.

Interest taken by the parents in this work for the maintenance of the health of childhood increases, especially at the first examination.

Percentage of Attendance of Parent or Guardian.

		1926	1927	1928	1929	1930
Entrants	...	60.6	72.3	62.4	67.2	67.4
Intermediates	...	36.5	44.0	43.8	44.8	51.2
Leavers	...	18.8	24.2	16.0	22.5	21.6

MINOR TREATMENT AND OPERATIVE CLINICS.

Uncleanliness in Head, in the form of nits or vermin, was dealt with in 110 children. In many the condition showed great neglect. 55 of these children had to be excluded from School, with subsequent loss of grant.

Two Sacker combs are kept in the Clinics, and were lent out to suitable cases.

Skin Conditions. *Ringworm of the Hair* was detected in 19 cases. All proved amenable to Clinic treatment, without need for application of X-Rays.

Ringworm of the Body was found in 8 cases.

Scabies or Itch is diminishing, appearing in 12 children, compared with 13, 13, 18, 13, 22, 40 and 66 in former years.

Impetigo numbered 95 cases, and Septic Sores, Cuts and Bruises 1378 cases. The zeal of the School staffs in making use of the Clinic while the condition is still trivial is much appreciated by the Department, and is to be encouraged.

Minor Eye Defects occurring in 72 cases were dealt with during the year, and 43 cases of Minor Ear Defects were attended to.

Nose and Throat. 224 children with unhealthy tonsils and adenoid growths were dealt with through the School Clinic. These include cases referred from the School Medical Inspections.

138 of these received operative treatment at Cornelia Hospital under the Borough Scheme, compared with 92 in 1929.

Nervous Diseases. Mild epilepsy was found in 1 case, and Chorea in 1.

Defective Teeth. 334 children voluntarily attended the Minor Ailments Clinic for dental treatment, on account of their teeth. This is continued testimony to the popularity of the Clinic for a usually distasteful proceeding.

The Dental Surgeons inspected at the Schools 5,387 children, of whom 3,567 were ascertained to require treatment. Altogether 1,742 actually attended and received treatment, approximately 50.0 per cent. of the whole. This proportion agrees with the previous year.

There is not included in these figures a proportion of children whose parents, on the information and advice gained by the inspections, obtained dental treatment otherwise than through the School Dental Clinic.

Analysis of the ages of children inspected by the Dental Officers and the proportion requiring treatment, is given below.

Ages	5	6	7	8	9	10	11	12	13	14	Total
Inspected	459	609	668	712	770	759	498	401	431	80	5387
Referred for treatment	293	412	444	500	547	500	326	228	265	52	3567
Percentage requiring treatment	63.8	67.6	66.5	70.2	71.0	66.1	65.5	57.0	61.8	65.0	—
Percentage in 1929	59.6	65.4	68.5	70.9	60.2	59.4	56.4	58.9	58.0	64.5	—

Mr. Myers, the Senior Dental Surgeon, reports as follows :—

But for the absence from School owing to illness, the number of children examined should have been quite 200 more, but I am pleased to say that this did not affect the numbers of attendances for treatment, which exceeded that of last year by 72. A larger number of children attended for filling, which showed a big increase, and, in my opinion, is a very good sign that the parents are beginning to appreciate the benefits to be derived by bringing their children to the Clinic.

May I here suggest that in the interest of the children's welfare much might be done by encouragement from the teachers in the schools, and that *no obstacle* should be placed in the way for this end.

On the whole I should consider the attendance—almost 50%—very good, considering the long distances some of the children have to come.

(Signed) LANCE B. MYERS,
L.D.S., R.C.S.Eng.

Poole, February, 1931.

Visual Defects. The number of children referred for the first time to the Refraction Clinic at Cornelia Hospital was 163. Of these 114 actually attended.

A further 116 children who had in previous years been provided with glasses were notified to attend for a re-test, and 92 actually attended for re-examination of their sight.

Of the above, spectacles were prescribed for 121, of whom 94 took advantage of the Borough Scheme to obtain glasses or new glasses—a proportion of 77.7%. Several other children are known to have had glasses provided from other sources.

After provision of spectacles, parents are advised to bring the child to the School Clinic, so that the fit and suitability of the glasses may be confirmed.

Chest Conditions. 4 cases of "Pre-Tubercular" type were taken under supervision. For these and for another 123 already classed as suitable, the provision of an Open-Air School would mean a better chance of improvement, both in health and in education. Ten weakly children of school age had a period of convalescence averaging $6\frac{1}{2}$ weeks at the Swanage Red Cross Children's Memorial Hospital, the parents contributing by arrangement.

10 subjects of Bronchitis were also dealt with.

Protection against Diphtheria. This subject has been made the occasion for a special Report which has been prepared by Dr. Chesney, Assistant School Medical Officer, and appears at the end of this Section.

Abnormal Children. Table III gives particulars of all exceptional children of school age. Schemes are under consideration for building new, and for re-modelling existing schools. Provision for the mentally abnormal child suitable for the "special class" will receive consideration in the re-adjustments. Institutional arrangements for the education of the deaf and of the blind are in force. An endeavour is also being made to complete a scheme by which suitable orthopaedic treatment will be combined with educational facilities for those suffering from crippling conditions, inasmuch as the co-ordinated Child Welfare and School Medical Services cannot entirely succeed by preventive effort.

The provision of an Open-Air School for the otherwise physically-hampered child is a problem still to be undertaken.

Mental Deficiency. During the year 21 children were examined for mental abnormality. All, excepting those so grossly defective as to be incapable of responding to the examination, were tested

by Burt's revision of the Binet-Simon tests for general intelligence.

Of these 21 children, 6 were notified to the Local Authority for Mental Deficiency, 2 being idiots, 2 imbeciles and 2 feeble minded children who were notified, with the approval of the Board of Education, as "special circumstance" cases. Of the remaining 15 children examined, 9 were certified as being feeble-minded, 3 were found to be merely dull or backward, and 3 are still under observation. The necessity for the complete ascertainment of all mentally defective children in the area is clearly recognised, and efforts are being continued to discover and examine all such children with a view to providing the education, training or care best suited to each individual case.

Arrangements are at present being made to provide Special Class or School education for those feeble-minded children who will benefit by such instruction.

In view of the Wood Committee's report, some indication from the Board of Education regarding its future policy concerning "educable mentally defective" children, and the educationally retarded group would be welcomed, as opinion appears to be divided on the best means of dealing with this problem.

Following-up. This is one of the most important and necessary parts of the work.

At the periodical medical inspection in school, certain children, whom for a special reason it is desirable to see again, are distinguished as "specials." These re-appear at the next three-monthly inspection. The reason may be that the mother has expressed her desire to have the teeth, eyes, throat or other defect which has been pointed out to her attended to under her own arrangements, or the defect seen may give indication of being of a temporary nature. Or again, the condition may be one that a few visits and advice from the School Nurse can rectify.

Unaccountable absences from School are followed up by the School Attendance Officers. Many of these absentees are subsequently referred to the Clinics.

The Child Guidance Clinic. Many complicated factors and circumstances operate in the production of the abnormal or exceptional child, and the problem to be faced in setting these children under appropriate influences means much more than slowing up the average rate of educational progress to meet a less receptive intelligence. Heredity, instinct, balance, emotion, retarded development, have all to be investigated, the influences followed up, and the child's education guided through a maze of diverting factors.

In order to help to bring the child of this type into fairer conditions of competition with its "average" neighbour, a special "clinic" would be an advantage.

A moment's thought makes it evident that such a clinic must, if it is to be practically useful, work in close conjunction with

toddler life on the one hand, and with the After-Care and Juvenile Employment Bureau on the other. Fortunately, the very desirable co-operation already in force between the Child Welfare Scheme, the School Medical Service and the After-Care Committee work—a co-ordination which is perhaps most practically attainable in a town of Poole's size—has already provided the background for this work. To help the proposal still further, there is available—by the progressive action of the County Council in developing at its Mental Hospital at Dorchester an “early mental” clinic—a further avenue of advice and guidance, whose co-operation will be of exceptional value.

Juvenile Employment and After-Care Committee. This Bureau and Committee continue to do valuable co-ordinating work between school life and the labour market. Each year about 550 children pass from elementary school life. The last report shows that 497 (234 boys and 263 girls) Juveniles were “placed,” the vacancies filled including places in pottery works, timber yards, mechanics’ and builders’ workshops, shops, offices, post office, and as printers, gardeners, labourers, and errand boys. Girls found work in 63 resident and 66 daily domestic posts, also as laundry workers, shop-assistants, clerks, waitresses, tailoring apprentices, etc.

Health Propaganda. Copies of the following are in possession of all Elementary School or Department Heads:—

Handbook: “Hygiene of the Mouth and Teeth,” issued by the Dental Board of the United Kingdom.

Handbook: “Suggestions on Health Education,” issued by the Board of Education.

Easily assimilated books of practical advice prepared by the Health and Cleanliness Council—“Keep Fit” for boys, and “Health and Beauty” for girls—are being distributed via the School Dental Clinics to the elder children.

The School population itself shared prominently in “Health Week,” talks being given by the Medical Officer of Health to the Grammar School and to all the upper standards of the Elementary Schools on “The Mechanics and Care of the Eye and the Ear,” and “The Dangers of Diphtheria.” This willing co-operation of the School Staffs in the dissemination of Health information to the young has been for years a gratifying object lesson of which the Public Health Department would like to record its deep sense of appreciation.

The Elementary School children took part in a Prize Essay Competition, the subject being “Cleanliness and Health.”

Irregular Attendances. Under the School Attendance By-laws, 66 appearances were made before the magistrates to account for delinquency. Fines were inflicted in 39 cases. Some unsatisfactory cases are included more than once in these figures.

Part-Time Employment. 100 certificates under the Employment of Children Act, 1903, and the Education Act, 1918, have been issued to children over 12 years.

Treatment Charges. The scheme of charges for Clinic treatment based on a scale of income and approved by the Board of Education is as follows :—

Conditions as to Free Treatment and Payments. Treatment at the Clinics is provided FREE for families where the weekly income from all sources is below the following figures :—

	No. of Children under 16 years.						
	1	2	3	4	5	6	7
Where both Parents or Guardians are alive }	£1 10s.	£2	£2 10s.	£3	£3 10s.	£4	£4 10s.
Where one Parent or Guardian is alive }	£1 5s.	£1 15s.	£2 5s.	£2 15s.	£3 5s.	£3 15s.	£4 5s.

For families where the total weekly income is above these amounts, the following CHARGES per child are made, PAYABLE IN ADVANCE.

1. *Minor Ailments.* Free for first fortnight. Thereafter 1/- for three months' treatment.

2. *Provision of Spectacles.* Cost of spectacles.

3. *Dental Treatment.* Sixpence per attendance, or 1/- for two or more necessary attendances.

4. *Tonsils and Adenoid Treatment.* Tonsils alone, 5/-. Combined treatment, 7/6.

5. *X-Ray Treatment of Ringworm.* 5/-.

The amount received in reduction of the gross cost of the School Medical Service during the years 1928, 1929 and 1930 has been £38 16s. 0d., £37 1s. 0d. and £27 15s. 0d. respectively.

THE PROBLEM OF DIPHTHERIA.

Treatments by "injection" or by "inoculation" have become so recognised and admitted by the general public of late years—to a considerable extent due to the experience of protective measures which so many thousands underwent during the angry years 1914-1918—that there is no longer the vague idea of mystery or "juggling" associated with the work which handicapped its intelligent application in earlier days.

It is this new popular and very desirable perspective which is making possible—and for the time being successful—such pre-

ventive undertakings as the "Diphtheria Immunisation Clinic."

Whether the perspective is accurately focussed is a question which the cardinal instance of vaccination against smallpox will help us to understand. Immunisation or protection of this kind, if it is to be allowed to justify itself, must be maintained "in perpetuum." But it is very difficult to get the lay public to realise that, *because* vaccination has done so much to eliminate small pox from our midst, *it must be maintained in the absence of severe small-pox*. Otherwise we lay ourselves open—more helplessly vulnerable than before—to its possible ravages if the new generation has foregone this immunity.

If this practical ideal cannot be achieved owing to the tendency for any generation to forget the lessons of the past, because it is not actually beset with the old dangers of that past—that is, for instance, if immunisation of the child against Diphtheria is not going to be kept up as a voluntary national effort from decade to decade, then nemesis will surely follow, and the alternative—the chance operation of what is now known as "herd immunity," may ultimately prove the lesser evil. By "herd immunity" as applied to Diphtheria is meant freedom of the people from the illness by reason of contact with other people amongst them who have suffered. If the severity of the illness amongst those who incur it could be controlled, an argument would be added in favour of this "herd immunity." But that form of control cannot be obtained, and the toll taken for the acquisition of Herd Immunity must remain, the sorrow and grief occasioned by the loss of those who have suffered *and succumbed*.

It is in the light of these remarks that it is hoped the following Report will be considered.

REPORT ON DIPHTHERIA INCIDENCE IN THE BOROUGH AND THE DIPHTHERIA IMMUNISATION CLINIC.

BY

GEORGE CHESNEY, M.B., D.P.H., Assistant Medical Officer of Health.

Judged from the records of this Borough during the past twenty years, and more particularly from the experience of the last ten years, a low incidence rate of diphtheria ought not to be regarded with satisfaction unless this diminished incidence is the result of active permanent measures to increase the immunity of the population.

Complacently to neglect active protection of a community against diphtheria, and to regard it as unnecessary because of the absence of the disease from the area, is a short-sighted policy, and one destined to lead sooner or later to a destructive recoil on the community.

In the case of measles, which recurs in periodic epidemic waves every few years, it would appear that when the number of "susceptibles" in the population reaches a certain density, an epidemic is inevitable on the introduction of the infection, and the epidemic dies down only when the number of "immunes" has been raised, either by an attack of the disease, or by small unarmful doses of infection, to a point where the disease cannot make headway. In time the balance of immunes versus non-immunes again becomes weighted sufficiently on the side of the susceptibles, and again the disease becomes epidemic on re-introduction.

So with diphtheria, the absence of the herd-immunising effect of endemic infection in an area deprives the community of the opportunity of gradually acquiring a natural resistance to the disease through repeated small sub-infective inoculations with the bacillus, and the proportion of the susceptibles rises to such a danger-point that the introduction of infection leads to a wide-spread outbreak.

What the epidemic danger mark is, expressed as a percentage of susceptibles in a community, has not yet been determined, but it would appear possible by Schick-testing to ascertain the susceptibility rate of a number of areas, and by observation of their diphtheria incidence rate to estimate approximately what proportion of susceptibles present in a community constitutes a danger of epidemic infection in that community.

Diphtheria Incidence Rates.

In this connection, a comparison of the diphtheria incidence rates for Poole, England and Wales, and London for the past twenty years may be of interest.

During the period 1910 to 1929, Poole experienced three distinct waves of diphtheritic infection, the first in 1910, the second in 1920, and the third in 1929.

In 1910, the incidence rate per 1,000 population was 2.07, by 1915 it had dropped to .77, to rise again sharply in 1920 to 3.25. The rate had dropped again by 1923 to .11, and in 1927 the very low attack rate of .04 was recorded; but this apparently satisfactory record was more than balanced by a wave of infection in 1929 which reached the high attack rate of 4.25.

Diphtheria Attack Rate per 1,000 Population, Poole, 1910-1929.

1910	1911	1912	1913	1914	1915	1916	1917	1918	1919
2.07	1.25	1.70	1.21	1.57	.77	1.06	1.06	1.11	1.87
1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
3.25	1.52	.60	.11	.46	.76	.26	.04	.85	4.25

Diphtheria Attack Rate per 1,000 Population, Poole, England & Wales and London, 1911-1929.

	Average 1911- 1920	1921	1922	1923	1924	1925	1926	1927	1928	Average 1921- 1928	1929
Poole ...	1.48	1.52	0.60	0.11	0.46	0.76	0.26	0.04	0.85	0.57	4.25
Eng. & Wales	1.45	1.76	1.37	1.04	1.07	1.23	1.31	1.33	1.55	1.33	1.59
London ...	3.05	3.62	3.37	2.27	2.31	2.73	2.96	2.71	2.75	2.86	2.68

Diphtheria Susceptibility Rates.

A comparison of the diphtheria susceptibility rates for Poole and London elementary school children, as ascertained by the Schick Test and expressed in percentages, shows a remarkably high degree of susceptibility in Poole. The following table gives the results of Schick testing of three comparable groups of school children in the same age period. The Poole children were those from public elementary schools who attended the immunisation clinic. The London children were temporarily resident in the Borough at a holiday home, and the preparatory school boys were from better class homes in various parts of the country.

			%	Age Groups.				
				10	11	12	13	14
Poole Elementary School Children	No. tested	283	100	66	65	71	68	13
	Positive	230	81.3	49	54	59	57	11
	Negative	53	18.7	17	11	12	11	2
London Elementary School Children	No. tested	166	100	55	36	34	30	11
	Positive	76	45.8	23	18	18	13	4
	Negative	90	54.2	32	18	16	17	7
High Class Preparatory School Children	No. tested	38	100	14	10	5	9	—
	Positive	36	94.7	13	9	5	9	—
	Negative	2	5.3	1	1	—	—	—

It will be observed that the boys of the preparatory school gave an unduly high percentage of Schick positives. This does not cause surprise when it is realised that they come from "sheltered" homes where contact with diphtheritic infection has been infrequent or altogether absent.

Similarly, the Poole children showed a very high percentage of susceptibles, due, I suggest, to the definitely low incidence of diphtheria in the Borough during the years 1921-1928, and the consequent absence of natural immunising processes.

The London children gave a percentage of Schick negatives which is in keeping with that obtained in the case of children in large cities by other workers. Dr. R. A. O'Brien states that in some of the congested areas of London the number of immunes has been found to be over 70 per cent.

Diphtheria Immunisation Clinic.

In view of the marked increase of diphtheria in the Borough during 1929, it was considered desirable to supplement the usual control measures in operation by active prophylactic treatment, and in October, 1929, an immunisation clinic was commenced. The response of the parents to the facilities offered was very gratifying, and on several days over 100 children were dealt with at one session. On one occasion in November, 1930, 155 were treated.

During the 15 months ending December, 1930, 1,072 persons were dealt with at the clinic, and 971 were actively immunised.

393 Schick tests were performed. Of these, 323 were Schick positive, and 70 negative, giving the unduly high positive rate of 82.2%. The majority of those Schick tested were over 10 years of age, as it was early recognised that the susceptibility rate was high enough to justify the omission of the test in children under 10.

Of the 323 primary Schick positives, 61 were tested approximately six months after immunisation, and of these 57 were definitely Schick negative, 2 were definitely positive, and 2 were doubtful. This result indicates that 93.4 per cent. of ascertained susceptibles have been completely protected by three doses of Toxoid Antitoxin.

Of a further 259 children who were 10 years or under, and who were immunised without a primary Schick test, 238 were found to be Schick negative six months after receiving three doses of T.A.M., and 21 were read as either Schick positive or doubtful, thus giving a rate of 91.9% immune as a result of prophylactic treatment.

The children whose post-prophylactic Schick test was positive or doubtful have been given a fourth dose of T.A.M., but have not yet been re-tested.

The following table records in detail the work done in the clinic since its inception in October 1929.

DIPHTHERIA IMMUNISATION CLINIC—October 1929 to December 1930.

			2 and under	3	4	5	6	7	8	9	10	11	12	13	14 and over	Per- cent- ages
A	Schick Tested	...	393	—	—	3	3	3	7	13	80	75	76	77	52	
B	Schick Negative	...	70	—	—	1	1	1	—	1	18	12	12	11	12	17.8
C	Schick Positive	...	323	—	—	2	2	2	7	12	62	63	64	66	40	82.2
D	Primary Schick Positive	Not Immunised (Permission not ... received)	31	1	—	—	—	—	—	—	1	3	3	4	19	
E		Immunised (Incomplete, less than 3 T.A.M.)	8	—	—	1	—	—	—	—	2	2	3	—	—	
F		Immunised (Post-immunisation Schick negative)	57	—	—	1	1	—	—	1	10	8	19	10	7	93.44
G		Immunised (No post-immunisation Schick test)	223	1	—	—	1	2	7	11	49	49	37	52	13	
H		Immunised. (Post-immunisation Schick positive or doubtful)	4	—	—	—	—	—	—	—	—	1	2	—	1	6.56
I	No Primary Schick	Immunised (Incomplete, less than 3 T.A.M.)	17	2	2	1	2	2	2	4	1	—	—	—	—	
J		Immunised (Post-immunisation Schick negative)	238	16	17	14	24	46	39	44	17	4	1	—	—	91.9
K		Immunised (No Post-immunisation Schick Test)	403	21	26	52	49	57	59	72	14	4	2	—	—	
L		Immunised (Post-immunisation Schick positive or doubtful)	21	—	2	2	2	2	1	2	5	4	1	—	—	8.1
M	IMMUNISED	...	971	65	47	71	79	109	108	134	98	72	65	62	21	
N	Total dealt with in Clinic	...	1072	66	47	72	80	110	108	135	117	87	80	77	52	

*Under 6 months.

Diphtheria in Immunised Children.

Of the 971 children immunised with 3 doses of T.A.M., only three are known to have developed Diphtheria subsequently, and in each case the infection was contracted before sufficient time had elapsed to allow of the development of complete immunity. As the Borough Isolation Hospital receives all cases of Diphtheria, it is unlikely that any undiscovered cases occurred. Of these three, the first contracted the disease 21 days after the last injection of T.A.M., had a sharp attack in which the membrane separated slowly, but made an uneventful recovery. The second case developed a mild attack 7 weeks after the final injection. The membrane was thin and cleared quickly, and convalescence was rapid. The third case developed a diphtheritic tonsillitis 3 months after immunisation. A tiny patch of membrane formed on one tonsil, and quickly disappeared after administration of Diphtheria Antitoxin-Serum.

None of these children had been found by a post-immunisation Schick test to be immune, and no case of diphtheria has occurred, as far as is known, in a person who had been found to be Schick negative previously.

Of 11 children attending the clinic who gave a history of diphtheria previously, 3 were found to be Schick negative and 8 Schick positive. From this it would appear that second attacks are liable to occur, but actually they are rare, as the tissues are sensitive to diphtheria toxin as a result of the attack, and speedily produce antitoxin when stimulated by the presence of infection.

The immunising agent employed in all cases was Toxoid-Antitoxin. In 743 persons immunised, the neutralising antitoxin in the mixture was derived from horses, and in 228 cases a T.A.M. was used in which the antitoxin was prepared from goats. It was found that there was a greater liability to reactions with the T.A.M. (Goat) than with T.A.M. (Horse), though there were remarkably few local or general reactions from either. In no case was there any general reaction of any consequence in children under 14, and in the few instances in which a local reaction occurred, it was of short duration and slight import. It was recognised, however, that in immunising adults, a small preliminary dose of T.A.M. was advisable, especially in those who were pseudo and positive, as it was mainly in adults that reactions occurred.

Control by Schick Testing and Passive Immunisation.

In a holiday home in the Borough for London elementary school children, in which they are received for a six weeks' stay, there were six distinct outbreaks of diphtheria in six separate parties of children during the period November, 1929, to December, 1930.

The cause of the outbreak was in several instances definitely traced to nasal carriers. Each outbreak was effectively controlled by immediate Schick testing to separate the children into two groups, the immunes and the susceptibles, and by giving a passive immunity to the latter by the injection of 800 to 1,000 units of diphtheria antitoxin-serum.

In only one instance (referred to below) was there any case of diphtheria after Schick testing and passive immunisation measures had been carried out, and in the last four outbreaks the primary case was the only case.

One boy, who on Schick testing gave an apparently negative result at first, developed on the sixth day after being Schick tested a mild attack of faucial diphtheria, with definite but thin pellicle and positive throat swab, and on the same day a faint positive reaction showed up on the test arm. The delay in the appearance of the positive reaction is of interest in view of the fact that he gave the history of having had faucial diphtheria twelve months previously.

The total number Schick tested was 274, and of these 146 were found to be Schick negative and 128 Schick positive, the respective percentages being 53.3% negative, and 46.7% positive.

Diphtheria Carriers and Immunisation.

During the year, the question was raised, "Does immunisation tend to increase the number of carriers, and consequently to create a greater danger to the non-immunised children?"

In answering this question, it is necessary to point out that there are two types of carrier, the convalescent carrier who, on recovery from an actual attack of clinical diphtheria, continues to harbour diphtheria bacilli, and the contact carrier, who acquires the infection by contact with an infected person, and who gives no history of a previous clinical attack.

The former is the more dangerous type of carrier, and is the main agent in the dissemination of the disease. In the contact carrier, on the other hand, the bacilli are much more frequently found to be non-virulent (the percentage in a series of cases tested by Dr. W. M. Scott was found to be 43% non-virulent as against 3% non-virulent in convalescent carriers), and the condition is generally of transient duration.

To this "relatively" non-infective class the immunised children can contribute, but they cannot add to the more dangerous convalescent carrier class.

The greater the number of clinical cases of diphtheria the greater will be the numbers of carriers of both classes. The greater the number of children protected, the fewer will be the number of diphtheria cases, and consequently the fewer will be the number of carriers of both classes. Prevent the creation of carriers by preventing the occurrence of diphtheria cases. This can only be done by the systematic immunisation of the whole child population. Severe smallpox was conquered by the enforcement of vaccination in the past. Diphtheria can be eliminated by general community immunisation, provided that its application is maintained in the future, when diphtheria has ceased to be the endemic and epidemic danger that it is at present.

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LIST OF TABLES.

1. Number of Children Inspected.
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7. Statement of Absences, etc.

Table I.

RETURN OF MEDICAL INSPECTION.

A. Routine Medical Inspections.

Number of Code Group Inspections.

Entrants	...	...	...	...	537
Intermediates	...	...	...	...	668
Leavers	...	...	...	...	416
					<hr/>
Total	...	...	...	...	1621
					<hr/>

Number of other Routine Inspections ... Nil

B. Other Inspections.

Number of Special Inspections	at Schools	...	403	
	at Clinics	...	3933	
				<hr/>
				4336
Number of Re-inspections	...	...	...	8068
				<hr/>
				12404
				<hr/>

RETURN OF MEDICAL INSPECTION.

4. Routine (Annual) Inspection.

Number of Code Group Members

Number of other Rostr. in family: 1

Older Inhabitants.

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TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1930.

DEFECT OR DISEASE.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requir ing treat- ment	Requiring to be kept under ob- servation, but <i>not</i> requiring treatment.	Requir ing treat- ment	Requiring to be kept under ob- servation, but <i>not</i> requiring treatment.
	Malnutrition	...	...	...	15	—	—	—
	Uncleanliness :							
	(See Table IV., Group V.)			...	—	—	—	—
SKIN	Ringworm :							
	Scalp	...	...	...	1	—	19	—
	Body	...	...	...	—	—	8	—
	Scabies	...	...	...	1	—	12	—
	Impetigo	...	...	...	3	—	95	—
	Other Diseases (Non-Tuberculous)	...		...	32	—	1378	—
EYE	Blepharitis	...	...	...	7	—	43	—
	Conjunctivitis	...	...	...	5	—	21	—
	Keratitis	...	...	...	—	—	—	—
	Corneal Opacities	...	...	...	—	—	3	—
	Defective Vision (excluding Squint)	...		...	126	—	99	—
EAR	Squint	...	...	...	25	—	2	—
	Other Conditions	...	...	...	5	—	5	—
	Defective Hearing	...	...	...	2	—	—	—
	Otitis Media	...	...	...	17	—	15	—
	Other Ear Diseases	...	...	...	11	—	28	—
NOSE AND THROAT	Enlarged Tonsils only	...	...	...	152	89	153	—
	Adenoids only	...	...	...	9	6	7	—
	Enlarged Tonsils and Adenoids	...	...	...	5	2	64	—
	Other Conditions	...	...	...	8	—	317	—
	Enlarged Cervical Glands (Non-Tuberculous)	...		...	69	55	54	—
	Defective Speech	...	...	...	6	—	2	—
	Teeth—Dental Diseases	...	...	...	345	470	334	—
	(See Table IV., Group IV.)							
HEART AND CIRCULA- TION	Heart Disease	...	...	...	
	Organic	...	...	...	2	—	2	—
	Functional	...	...	...	38	—	—	—
LUNGS	Anaemia	...	...	...	3	—	6	—
	Bronchitis	...	...	...	28	—	10	—
	Other Non-Tuberculous Diseases	...		...	13	—	—	—
TUBER- CULOSIS	Pulmonary :							
	Definite	...	...	...	—	—	—	—
	Suspected	...	...	...	11	—	4	—
	Non-Pulmonary :							
	Glands	...	...	...	—	—	1	—
	Spine	...	...	...	—	—	—	—
	Hip	...	...	...	—	—	1	—
	Other Bones and Joints	...		...	—	—	—	—
NERVOUS SYSTEM	Skin	...	...	...	—	—	—	—
	Other Forms	...	...	...	—	—	—	—
	Epilepsy	...	...	...	—	—	5	—
	Chorea	...	...	...	—	—	1	—
DEFOR- MITIES	Other Conditions	...	...	...	2	—	—	—
	Rickets	...	...	...	2	—	—	—
	Spinal Curvature	...	...	...	1	—	—	—
	Other Forms	...	...	...	12	5	—	—
	Other Defects and Diseases	...	...	...	9	—	1019	105

TABLE II.

A. Return of Doctors found by Medical Commission in the Year 1880

[illegible]

TABLE II.

B. Number of INDIVIDUAL CHILDREN found at ROUTINE Medical Inspection to Require Treatment
(Excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
CODE GROUPS :—			
Entrants ...	537	222	41.34
Intermediates ...	668	262	39.22
Leavers ...	416	136	32.69
Total (Code Groups) ...	1621	620	38.25
Other Routine Inspections ...	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

—	—	Boys.	Girls.	Total.
BLIND (including partially blind)	—	—	—	—
	Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution	1 — — —	1 — — —
	Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution	2 1 — 1	2 1 — 2
	Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools At other Institutions At no School or Institution	— — — —	— — — —
DEAF (including deaf and dumb and partially deaf).	Suitable for training in a School or Class for the partially Deaf	Attending Certified Schools or classes for the Deaf Attending Public Elementary Schools At other Institutions At no School or Institution	2 1 — —	2 2 — 1
	Feebleminded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions At no School or Institution	— 15 — 1	— 35 — 6
	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At no School or Institution	— — — 1	— — — 1
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools At no School or Institution	5 —	10 —
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution	— — —	— — —
	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution	— — — — — —	— — — — — —
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution	— — 66 — —	— — 127 — —
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools At other Institutions At no School or Institution	— — — 2	— — — 4
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Public Elementary Schools At other Institutions At no School or Institution	— — — 18 — 1	— — — 43 — 3

TABLE III.

... Ad i perbilitat ex laio nuntia

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1930.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN :—			
Ringworm-Scalp	19	—	19
Ringworm-Body	8	—	8
Scabies	12	—	12
Impetigo	95	—	95
Other skin disease	200	—	200
MINOR EYE DEFECTS :— (External and other, but excluding cases falling in in Group II.)	72		72
MINOR EAR DEFECTS :—	43	—	43
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	1719	—	1719
Total	2168	—	2168

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as
Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme (2)	Submitted to refraction by pri- vate practitioner or at hospital apart from the Authority's Scheme. (3)	Otherwise. (3)	Total. (5)
Errors of Refraction (including Squint)	193	—	—	193
Other Defect or Disease of the Eyes ... (excluding those recorded in Group I.)	16	—	—	16
Total	209	—	—	209

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	121
(b) Otherwise	—

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	94
(b) Otherwise	—

TREATMENT TABLE.

REMARKS: (1) The following table shows the results of the treatment of the patients in the hospital.

GROUP I - MINOR ALLEGATIONS - 10 patients.

No.	Name	Age	Sex	Occupation	Marital Status	Education	Religion	Race	Ethnicity	Date of Admission	Date of Discharge	Length of Stay	Cost of Treatment	Remarks
1	John Doe	25	M	Farmer	Married	High School	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
2	Jane Smith	30	F	Teacher	Married	College	Catholic	White	Irish	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
3	Robert Brown	28	M	Engineer	Married	College	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
4	Mary White	22	F	Student	Single	High School	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
5	William Black	35	M	Merchant	Married	College	Catholic	White	Irish	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
6	Elizabeth Green	27	F	Homemaker	Married	High School	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
7	Thomas Grey	32	M	Lawyer	Married	College	Catholic	White	Irish	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
8	Anna Hall	29	F	Teacher	Married	College	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
9	Charles King	26	M	Engineer	Married	College	Catholic	White	Irish	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
10	Frances Lee	24	F	Student	Single	High School	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.

GROUP II - PERSISTENT AILINGS AND SERIOUS CONDITIONS - 10 patients.

No.	Name	Age	Sex	Occupation	Marital Status	Education	Religion	Race	Ethnicity	Date of Admission	Date of Discharge	Length of Stay	Cost of Treatment	Remarks
11	John Doe	45	M	Farmer	Married	High School	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
12	Jane Smith	35	F	Teacher	Married	College	Catholic	White	Irish	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
13	Robert Brown	30	M	Engineer	Married	College	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
14	Mary White	25	F	Student	Single	High School	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
15	William Black	40	M	Merchant	Married	College	Catholic	White	Irish	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
16	Elizabeth Green	30	F	Homemaker	Married	High School	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
17	Thomas Grey	35	M	Lawyer	Married	College	Catholic	White	Irish	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
18	Anna Hall	28	F	Teacher	Married	College	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
19	Charles King	27	M	Engineer	Married	College	Catholic	White	Irish	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.
20	Frances Lee	23	F	Student	Single	High School	Protestant	White	English	1/1/1910	1/15/1910	14 days	\$10.00	Minor ailment - cured.

TABLE IV.—Continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
138	84	222	83	305

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—		(2) Hours devoted to :—	
(a) Inspected by the Dentist :		Inspection - 118 } Total—465	
Aged :		Treatment - 347 }	
Routine Age Groups	5—459	Total—5387	(3) Attendances made by children for treatment—1747
	6—609		
	7—668		
	8—712		
	9—770		
	10—759		
	11—498		
	12—401		
	13—431		
14— 80			
Specials—	Nil		
Grand Total	5387		
(b) Found to require treatment	3567	(4) Fillings :—	
(c) Actually treated	1747	Permanent Teeth 413 } Total—458	
(d) Re-treated during the year as the result of periodical examination	Nil	Temporary Teeth 45 }	
		(5) Extractions :—	
		Permanent Teeth 437 } Total 2691	
		Temporary Teeth 2254 }	
		(6) Administrations of general anaesthetics for extractions 646—Gas	
		10—Chloroform	
		(7) Other operations :—	
		Permanent Teeth — } Total—	
		Temporary Teeth — }	

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Average number of visits per school made during the year by the School Nurses	...	28
(2)	Total number of examinations of children in the Schools by School Nurses	...	43976
(3)	Number of individual children found unclean	...	73
(4)	Number of children cleansed under arrangements made by the Local Education Authority	—	—
(5)	Number of cases in which legal proceedings were taken :—		
(a)	Under the Education Act, 1921	...	—
(b)	Under School Attendance Byelaws	...	1

TABLE IV.—CONTINUED

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND

No. of cases	Kind of Operation			Result
	(1)	(2)	(3)	
10	10	10	10	10

GROUP IV.—DENTAL DEFECTS.

No. of cases	Kind of Operation			Result
	(1)	(2)	(3)	
10	10	10	10	10

GROUP V.—OCCUPATIONAL AND TECHNICAL

No. of cases	Kind of Operation			Result
	(1)	(2)	(3)	
10	10	10	10	10

TABLE V.

Record of Work at Poole and Branksome Minor Ailment Treatment Centres.

Defect or Disease.					POOLE.		BRANKSOME.		TOTAL.	
					Children.	Consul- tations	Children.	Consul- tations.	Children.	Consul- tations.
SKIN	Malnutrition	...	...	...	—	—	—	—	—	—
	Uncleanliness—Head	...	...	...	39	280	71	247	110	527
	Body	...	...	...	—	—	14	106	14	106
	Ringworm—Head	...	...	...	11	46	8	196	19	242
	Body	...	...	...	6	62	2	31	8	93
	Scabies	...	...	...	6	42	6	28	12	70
	Impetigo	...	...	...	29	206	66	332	95	538
	Injuries	...	...	...	141	819	117	306	258	1125
	Septic Sores	...	...	...	510	4274	410	2635	920	6909
	Other Skin Diseases (non T.B.)	...	...	...	89	427	111	316	200	743
	Blepharitis	...	...	...	16	68	27	52	43	120
EYES.	Conjunctivitis	...	...	...	11	24	10	46	21	70
	Keratitis	...	...	...	—	—	—	—	—	—
	Corneal Ulcer	...	...	...	2	7	1	3	3	10
	Defective Vision	...	...	...	35	61	64	85	99	146
	Squint	...	...	...	—	—	2	8	2	8
EAR.	Other Eye conditions	...	...	...	5	21	—	—	5	21
	Cerumen	...	...	...	—	—	—	—	—	—
	Otitis media	...	...	...	12	115	3	22	15	137
	Other ear diseases	...	...	...	14	51	14	23	28	74
	Enlarged tonsils only	...	...	...	94	185	59	252	153	437
NOSE AND THROAT	Adenoids	...	...	...	2	2	5	41	7	43
	Enlarged tonsils and adenoids	...	...	...	7	21	57	141	64	162
	Sore Throat	...	...	...	156	469	161	629	317	1098
	Swabs taken in clinics	...	...	...	—	594	—	839	—	1433
	Adenitis	...	...	...	30	107	24	57	54	164
HEART AND CIRCULATION	Defective Teeth	...	...	...	198	213	136	233	334	446
	Defective Speech	...	...	...	—	—	2	3	2	3
	Heart Disease—Organic	...	...	...	2	3	—	—	2	3
	Functional	...	...	...	—	—	—	—	—	—
	Anaemia	...	...	...	2	3	4	7	6	10
LUNGS	Bronchitis	...	...	...	5	15	5	17	10	32
	Other non-tubercular disease	...	...	...	—	—	—	—	—	—
	Pretuberculosis	...	...	...	2	16	2	2	4	18
	Tuberculosis of lungs	...	...	...	—	—	—	—	—	—
	Other forms of T.B.—Glands	...	...	...	—	—	1	1	1	1
TUBER- CULOSIS	Spine	...	...	...	—	—	—	—	—	—
	Hip	...	...	...	1	1	—	—	1	1
	Other bones and joints	...	...	...	—	—	—	—	—	—
	Skin	...	...	...	—	—	—	—	—	—
	Other forms	...	...	...	—	—	1	5	1	5
NERVOUS SYSTEM	Epilepsy	...	...	...	—	—	—	—	—	—
	Chorea	...	...	...	1	1	—	—	1	1
	Other Diseases	...	...	...	—	—	—	—	—	—
DEFORMITIES	Rickets	...	...	...	—	—	—	—	—	—
	Spinal Curvature	...	...	...	—	—	—	—	—	—
	Other forms	...	...	...	—	—	—	—	—	—
	Common Infectious diseases	...	...	...	251	910	225	975	476	1885
	Mentally Defective	...	...	...	2	3	3	3	5	6
	Enlarged Thyroid Gland	...	...	...	1	2	1	12	2	14
	Advice and various	...	...	...	297	1355	344	2012	641	3367
	Total	...	...	...	1977	10403	1956	9665	3933	20068

TABLE V.

Word of Work : Poole and Bransome Mill

Category	Frequency		Percentage		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Adjective	1	1.0	1	1.0	1	1.0
Adverb	1	1.0	1	1.0	1	1.0
Conjunction	1	1.0	1	1.0	1	1.0
Interjection	1	1.0	1	1.0	1	1.0
Noun	1	1.0	1	1.0	1	1.0
Preposition	1	1.0	1	1.0	1	1.0
Verb	1	1.0	1	1.0	1	1.0
Particle	1	1.0	1	1.0	1	1.0
Symbol	1	1.0	1	1.0	1	1.0
Unknown	1	1.0	1	1.0	1	1.0
Other	1	1.0	1	1.0	1	1.0
Total	1	1.0	1	1.0	1	1.0

TABLE VI.

Statement of the Number of Children Notified during the Year ended December 31st, 1930, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified ... 6

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(a) Idiots	1	1
(b) Imbeciles	1	1
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interest of other children :—		
(a) Moral defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, <i>i.e.</i> , "special circumstances" cases	1	1
4. Children who in addition to being mentally defective were blind or deaf	—	—
GRAND TOTAL	3	3

42

TABLE VI

Statement of the Number of Children Notified during the Year ended December 31st, 1930, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified ... 6

ANALYSIS OF THE ABOVE TOTAL

Boys		Girls	
1. Children included in receiving parent or foster parent home in a Special School -			
(a) Idiots		...	
(b) Imbeciles		...	
(c) Stupid		...	
(d) Children unable to be educated in a Special School without admission to the Institute of Special Children -			
(e) Mental Defectives		...	
(f) Other		...	
2. Institutional children referred and placed in a Special School or in a Parent Training Home -			
3. Children notified by the Local Education Authority and the Local Mental Deficiency Authority as being mentally defective -			
4. Children who are notified as being mentally defective and placed in a Special School -			
Grand Total		...	

TABLE VII.

Statistics of Attendance, etc.

School.				Accom- modation	Average Attend- ance
COUNCIL SCHOOLS.					
Lagland Street	Infants' Department	...	...	249	195
Hamworthy	Mixed & Infants'	..	...	401	351
Branksome Heath	Boys'	..	...	230	239
"	Girls'	..	...	253	233
"	Infants'	..	...	190	265
Heatherlands	Boys'	..	...	312	254
"	Girls'	..	...	300	269
"	Infants'	..	...	300	237
Oakdale	Mixed	..	...	198	244
Courthill	Mixed	..	...	400	357
"	Infants'	..	...	250	156
South Road	Boys'	..	...	290	271
"	Girls'	..	...	290	253
Martin Road	Mixed & Infants'	..	...	320	276
NON-PROVIDED SCHOOLS.					
St. Aldhelm's	Boys'	..	...	232	196
"	Girls' & Infants'	..	...	419	290
Parkstone C. of E.	Mixed	..	...	382	227
"	Infants'	..	...	140	114
Longfleet	Boys'	..	...	240	228
"	Girls'	..	...	164	162
"	Infants'	..	...	164	149
Poole C. of E.	Boys'	..	...	279	224
"	Girls'	..	...	243	202
"	Infants' No. 1	..	...	120	112
"	Infants' No. 2	..	...	198	107
St. Mary's R.C.	Mixed & Infants'	..	...	103	97
Russell-Cotes' Nautical School	Boys'	..	...	70	68
Total	...	...	...	6737	5812

TABLE VII.

...A la salida de ...

[illegible]